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1946 for the University of Oklahoma
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Service Paper

A BASIC PEDIATRIC NURSING PROGRAM
FOR THE UNIVERSITY OF OKLAHOMA
SCHOOL OF NURSING

Submitted by
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(B. S., Southwestern State Teachers College,
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In partial fulfillment of requirements for
the degree of Master of Education

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2. It then outlines the various methods used to collect and analyze financial information, including the use of spreadsheets and specialized software.

3. The document also addresses the challenges faced by the accounting department in dealing with complex financial data and the need for ongoing training and development.

4. Finally, it provides a detailed overview of the accounting department's current status and future plans, including the implementation of new systems and the hiring of additional staff.

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Chapter I

INTRODUCTION

This is a basic pediatric nursing program for the University of Oklahoma School of Nursing designed to meet the nursing school curriculum requirements as set up by the National League of Nursing Education which consists of 60 to 80 hours of organized instruction and 12 to 16 weeks for clinical experience (including case study and conferences). It is to be taught in the student's second or third year under the direction of the nurse member of the educational staff who is best qualified in this field. This course is to be taught in 30 classroom teaching periods of 50 minutes each plus at least 24 hours of clinical teaching. It is hoped that a wholesome, understanding attitude of the child as a person will be attained by the student nurse. As stated by the Committee on Curriculum of the National League of Nursing Education,^{1'}

"The emphasis in this course is on the care of the child as an individual and as a member of the family and of the community. The course is concerned with the child in both health

^{1'} Committee on Curriculum of the National League of Nursing Education, A Curriculum Guide for Schools of Nursing. Second revision 1937, Published by National League of Nursing Education, 50 West Fiftieth Street, New York, New York, P. 467.

and disease from the standpoint of his total well being--physical, mental, social and emotional. In discussing disease conditions from which children suffer, the emphasis is not on the disease alone and the nursing care appropriate to that particular condition, but on the effect of the illness on the development of the child."

Ever since the first White House Conference in 1909 there has been an increasing interest and emphasis in child care, education and guidance. This has been manifested by the establishment of the Children's Bureau in Washington, D. C. in 1912, the Smith-Lever Act in 1914, the Shepard-Towner Act in 1921 and successive White House Conferences every ten years. At the present time the recognition of a need for especially trained personnel has brought about much concern in the field of nursing education and has resulted in the development of advanced clinical pediatric programs in colleges and universities. Need it be said that preceeding specialization a nurse should have a good basic course in pediatrics and pediatric nursing? The purpose of a school of nursing is not to produce specialists in any one field of nursing, however those nurses whose formal education will cease when they finish their basic training should have the best pediatric course it is possible to offer. Every available opportunity should be utilized to make it adequate and complete.

In the Children's Bureau Publication, "Building the Future for Children and Youth", it says,^{1'}

"The health of children, no less than their education, is a public responsibility. If during the coming decades children are to grow to maturity physically and mentally fit, if they are to take advantage of the educational opportunities offered to them, and if they are to assume their position as responsible members of society when they are mature, they must be assured healthy bodies and healthy minds when they are young.

"The Nation can no longer afford to neglect its children as it has in the past. The time has now come to plan adequate services that will assure every opportunity for health for all children.

...."By 1942 infant mortality had decreased 28 per cent since 1935, and yet in 1942 for the country as a whole out of every 1,000 babies born alive 40 died before the end of their first year.----Infant-Mortality rates could be cut in half."^{2'}

If not as nurses then as citizens these young women must go out indoctrinated with the principles of pediatric nursing so that their ultimate aim will be to improve the health of the nation's children.

"As a nation we have the knowledge and skills to do the job, but we have not made

^{1'} U. S. Department of Labor, "Building the Future for Children and Youth", April, 1945, p. 5. Children's Bureau Publication 310, Washington 25, D. C.

^{2'} Ibid., p. 7.

available adequate resources to train personnel, to provide equipment and facilities, and to place personnel where they are needed."1'

Purpose of This Service Paper

Due to wartime acceleration of nursing school programs many courses were shortened and due to the shortage of nurses and well-trained instructors these courses were lacking in quality as well as in length. The peace time adjustments that nursing schools will make are not known, however the contents of this service paper are written in the hopes that the pediatric course at the University of Oklahoma School of Nursing can be greatly improved. An effort has been made to organize fine units of teaching that will serve as a good foundation for the practice of pediatric nursing. These units are based on the present day knowledge of pediatrics and pediatric nursing and are designed to fit the needs, interests and capacities of a group of junior and senior student nurses from the home school and from affiliating schools.

This course appears to be inadequate since only 30 hours are allowed for classroom teaching. It must be kept in mind, however, that during every three month period when this plan

1' Ibid., p. 10.

for teaching pediatrics will be exercised the students will be having 20 hours in communicable disease nursing and 20 hours of orthopedic nursing besides the clinical teaching in these subjects. About two-thirds of the orthopedics course and at least three-fourths of the course in contagious diseases is devoted to the care of disease conditions peculiar to children. The 60 to 80 hours recommended by the National League of Nursing Education includes 16 to 18 hours in communicable disease nursing which can be eliminated here since it is taught in a separate course, and 5 to 10 hours of infant nutrition most of which is here considered ward teaching as it is taught during the formula laboratory experience.

Criteria of the Unit

The criteria used in the development of the units in this basic pediatric course are as follows:

1. Each unit represents a purposeful block of work that can be presented in a complete, meaningful whole within a certain subject and group of experiences.
2. The unit aids to develop related learnings.
3. Each unit is divided into various smaller learning experiences which are contributory to the common learning

objectives.

4. Each unit is flexible in its construction and content so that modifications and improvements can be made.

5. Each unit must be taught through formal classroom teaching methods, integrated ward clinics, demonstrations, actual nursing experiences and reading assignments all of which offer many opportunities for application to the problems of child care.

Unit Development

Each unit is developed on the basis of objectives, lectures by the teaching physician, nurse instructor's classes, ward clinics and demonstrations, and student assignments. Although all learning experiences contributing to the development of each unit will actually run parallel; for mechanical reasons they have been written to follow each other.

General Objective

Provide student nurses with the basic knowledge, skills, and appreciations in pediatrics and pediatric nursing to enable them to give skilled nursing care and guidance to children through methods that will promote and maintain the optimum development of the individual child.

Contributory Objectives

1. Teach the student to adapt the principles and methods of nursing care previously learned as well as knowledge, skills, and techniques in meeting the nursing needs of children.

2. Develop understanding and appreciation for normal growth and development, its changes in illness and implications affecting care.

3. Teach to observe, recognize and interpret intelligently the physical, mental, and emotional manifestations of health and illness to aid in giving skilled care and intelligent guidance to the growing child.

4. Familiarize the student with community resources and develop an appreciation of the possibilities and advantages of cooperation with other health workers to facilitate continuous, adequate, and long-time care in the rehabilitation of the patient.

5. Acquaint the student with the essentials of an adequate diet and the clinical conditions peculiar to children thereby developing ability to cooperate with and teach those responsible for the child in controlling these conditions.

6. Increase ability to recognize and utilize opportunities for health teaching of both the child and the parents.

A Basic Pediatric Nursing Program for the University of Oklahoma School of Nursing.

UNITS

I . Introduction to Pediatric Nursing	1 hour
II . Normal Growth and Development and Essentials of Nutrition	6 hours
III . Diseases of Infancy and Childhood	10 hours
IV . Principles of Nursing care and Procedures in Diseases of Infancy and Childhood	10 hours
V . Convalescent Care	1 hour
Examinations	2 hours
Total	30 hours
Clinical teaching	29-35 hours
Field trips	3

THE TEACHING SITUATION

University Hospitals

The University Hospitals are a part of the University of Oklahoma, and are operated in connection with the Oklahoma University School of Medicine. They consist of the University Hospital and the Crippled Children's Hospital.

Oklahoma State Crippled Children's Hospital

Children's wards:

Premature Nursery-newborns under 5 pounds.

Infants-birth to one year.

Children-1-2 years.

School age children-5-12 years.

Teen age children-13-21 years.

Out-patient Department clinics:

Pediatric

Orthopedic

General Surgery

Plastic Surgery

Neuro Surgery

Eye

Ear, Nose, and throat

Dental

Rheumatic fever

Genito-urinary

Rectal

Skin

Formula Laboratory

Operating Rooms

Special Diet Kitchen

It will be the responsibility of the pediatric teaching supervisor to carry on the basic pediatric clinical teaching program in correlation with the classroom teaching program. However supervisors, head nurses, doctors, medical students, physical therapists, occupational therapists, dietitians, social workers and student nurses may be asked to participate or conduct a clinic on a subject within their particular field.

Teaching equipment for the classroom will include:

Blackboards.

Bulletin board on which to post classes, references and recent literature or that pertaining to a special case on the ward. Students should be encouraged to post interesting items.

Reference file.

Pamphlet file containing reprints and bulletins available for the students use.

Screen for showing lantern slides and movies.

Projection machine.

Library - a subdivision of the main library will be located in a room in the Children's Hospital where the students can study. It will contain largely literature pertaining to pediatrics.

In the wards where there is no classroom or none nearby, conveniences will be provided so that clinics and conferences may be held in the treatment room or solarium. This will be equipped with a portable blackboard and folding chairs or camp stools.

Learning Experiences Contributing to the
Attainment of the Objectives

I. Orientation of the students to the Crippled Children's Hospital by the supervisor.

A. Physical set-up of the hospital:

1. Name, type of patients, general set-up and location of each ward.
2. Location of out-patient department, formula laboratory, special diet kitchen, dining rooms, brace shop, laboratory, orthopedic appliance room, cast rooms, operating rooms, central supply, class rooms, bulletin boards, nurses' dressing rooms, library, clothes lockers, social service department, nursing supervisor's office, and orthopedic and pediatric offices.
3. Location and schedule for:
 - a. Occupational therapy.
 - b. Physical therapy.

c. The school.

B. Introduction to personnel and their functions.

C. Explanation of hospital routines.

1. Method of reporting illness or absence from duty.
2. Class attendance.
3. Signing a patient out for discharge.
4. Method of obtaining narcotics.
5. Report of accidents.
6. Hours for meal service.
7. Reports to make in case of admission, discharge, or transfer of patient.
8. Kinds of and methods of obtaining supplies from the central supply room.
9. Ordering supplies from the University Hospital Central Supply room and pharmacy.
10. Proper dress in dining room.
11. Obtaining an overnight leave.

II. Orientation of the student to the nursing service by the nurse in charge.

A. Physical set-up of the ward, the service, kitchen, treatment room, utility rooms and bathrooms.

B. Routines of the ward.

1. General duties in regard to trays.

2. Schedule for staff doctor's rounds.
3. Morning and evening care routines.
4. Admission and discharge routines.
5. Observation of rest hour.

C. Nursing responsibilities and duties.

1. Type of assignments.
2. Medicine and treatment cards.
3. Giving of medications.
4. Thermometer tray.
5. Charts and charting.
6. Noting orders.
7. Kardex.

D. Introduction to patients giving special attention to those being cared for by the students their first day on the service. Draw attention to special treatments or precautions that must be observed.

E. Procedure book available for the student to help acquaint her with the hospital procedures.

III. Assignment and time schedules will be made on a weekly plan.

By carefully planned assignments, frequent checking with the student and her experience record, and regularly scheduled individual conferences, the student can have a varied and adequate experience in the Crippled Children's Hospital.

IV. Supervised clinical experience will probably be most valuable in helping the student acquire the ability to give skilled nursing care by providing:

- A. Opportunity to observe conditions discussed in the classroom.
- B. Experience in giving and planning nursing care and health teaching for the individual patient and his family.
- C. Opportunity to observe and give care to convalescent children in a relatively normal state of growth and development.
- D. A stimulus to develop understanding and appreciation of the individual patient.

V. Nursing care study.

Make the purpose clear and give guidance to the student in the selection of a case.

Note: Nursing Care study guide is on page 119.

VI. Group conferences will be conducted weekly on each ward and service to provide opportunity to discuss nursing problems.

VII. Individual conferences will be conducted to learn the student's problems and to plan for improvement through self-evaluation.

VIII. Valuable experience in the out-patient department through:

- A. Greater opportunity to see different stages of the same conditions.
- B. Emphasis on the importance of good health teaching before the patient is discharged from the hospital.
- C. Observing instruction of parents for home care.
- D. Understanding how various organizations function such as the Variety Club Health Center, State Health Department, the social service agencies and the other organizations that might be contacted during the experience period.
- E. Realizing the need for close cooperation between hospital workers, community health workers and the family.
- F. Participation in doctor's and social worker's conferences.
- G. Observation of parent-child relationships.
- H. Helping the parents and child adjust when the child is admitted to the hospital.

IX. Valuable experience in the formula laboratory through:

- A. Learning to prepare all types of formulae including:
 - 1. Whole milk.
 - 2. Fat-free milk.

3. Lactic acid milk.
4. Evaporated milk.
5. Powdered milks.
6. Protein milk.
7. Sobee.
8. Cereal waters.

- B. Learning calculation of simple formulas.
- C. Becoming familiar with comparative costs of formula ingredients.
- D. Learning indications and contraindications for the use of the different types of formulae.
- E. Adjusting the preparation technique to the home situation.
- F. Comparing composition of cow's milk and human milk.
- G. Studying cases in relation to the formula-fed infant.

X. Efficiency reports on the students will be written by the head nurse on each service by means of first, having the student rate herself when her time on the service is half over; second, discussing this rating with her and pointing out possibilities for improvement; and third, finishing the report just before the student leaves the service and having a final conference with her.

Summary efficiency reports will be written by the supervisor of clinical instruction on the students from other schools just previous to the termination of the affiliation period. Individual conferences, observation, and head nurses reports will be used as a basis for the writing of these final reports which are sent to the home schools as permanent records.

Note: Samples of these reports blanks will be found on page 130.

Ward classes, clinics and demonstrations will be scheduled at least one week in advance. They will be posted accompanied by a limited number of good reference readings on the subjects. They are to be conducted as informally as possible and by using patients for demonstration frequently. Student participation will be encouraged by allowing time for questions and discussion.

Supplementary Classes

The following classes actually have very little bearing on the care and treatment of the child but are indispensable in orienting the student to the Oklahoma Hospital for Crippled Children where they will attain their pediatric nursing experience. They will be conducted by the supervisor of clinical instruction or the pediatric teaching supervisor during the first week of the student's arrival. These classes will be

50 minutes in length except the initial orientation which will take approximately three hours.

I..Orientation of new students to the hospital.

- A. Orientation of new students to the nursing service to which they are assigned.
- B. Explain medicine cards, thermometer tray, and kardex.

II. Explanation of hospital routines.

- A. Student reporting illness.
- B. Class attendance.
- C. Obtaining narcotics.
- D. Show charts and explain charting.
- E. Visit Children's Hospital Central supply room and learn how to obtain supplies.

III. Hospital routines

- A. Admission of a patient.
- B. Discharge of a patient.
- C. Transfer of a patient.

IV. Hospital routines.

- A. Report of accidents.
- B. Ordering supplies from pharmacy and University Hospital central supply room.
- C. Laundry Service.

D. Display contents of sterile trays.

1. Spinal puncture.
2. Tracheotomy.
3. Catheterization.
4. Thoracentesis.

V. Hospital procedures.

A. Administration of fluids.

1. Intravenously.
2. Subcutaneously.
3. Intraperitoneally.

B. Blood transfusions.

1. Intravenous.
2. Bone-marrow.

Orientation to each service will be repeated each time new students are assigned. This will include orientation to the physical set-up, the service rendered, and a series of clinics and demonstrations covering the procedures peculiar to that situation. These shall be conducted following the morning report and as early in the student's experience on that division as possible.

UNIT I

INTRODUCTION TO PEDIATRIC NURSING

Objectives to be attained in teaching this unit.

1. To motivate the application of previously-learned nursing to the care of the child.
2. To teach knowledge of the development of pediatric nursing and to compare adult nursing with nursing of children.
3. To point out the state and national organizations concerned with the health and care of children.

Chapter 2

I. History of pediatrics.

- A. Why child care?
- B. Infant feeding influenced by science, society and folklore.
- C. Techniques of bathing.
 - 1. Seventeenth century practices.
 - 2. More intelligent adaptations in middle of eighteenth century.
- D. Treatment of the sick.
 - 1. Early recognition of some diseases.
 - 2. Limited scientific knowledge limited care.
- E. Scientific discoveries and how they influenced care.
 - 1. Harvey, circulation of blood, 1628.
 - 2. Pasteur, discovery of bacteria 1867(pasteurization of milk).
 - 3. Anesthesia and antiseptic technique, Nineteenth century.
 - a. More extensive surgery.
 - b. Less risk.
 - 4. Contributions of the past 50 years.
 - a. X-ray in cancer control.
 - b. Radium.

- c. Insulin.
- d. Sulfa drugs.
- e. Penicillin.

F. Living conditions of children.

1. Early.

- a. Foundling asylum in Rome.
- b. Children's Aid Society in New York, 1853.

2. Twentieth century contribution.

- a. Results of inadequate prenatal care and premature births. (1940, 32,870 babies died first day of life and 34,996 before one month of age.)
- b. Preventable deaths occurring during the first year of life. (40%)

II. National organizations, their purposes and accomplishments.

- A. National Association of Parents and Teachers, 1897.
- B. The White House Conference, 1909
- C. Children's Bureau of U. S. Department of Labor, 1912.
- D. Child Labor Laws.
- E. Smith-Lever Act.
- F. Sheppard-Towner Act.
- G. American Child Health Association.

- H. Committee on the care of the child, National League of Nursing Education.

III. Special needs today.

- A. More special facilities for medical care and education.
- B. More social service to those needing adjustment.
- C. More aid to rural communities.
- D. More and better trained personnel.

IV. Application of Nursing knowledge to the care of children.

- A. Differences in nutritional needs.
 - 1. Tooth development and growth of other tissues.
 - 2. Resistance to disease.
 - 3. Deficiency diseases.
 - 4. Heat and energy requirements.
- B. Mortality rate differences.
 - 1. Main causes of infant mortality.
 - a. Congenital causes.
 - b. Diarrhea and gastro-intestinal diseases.
 - c. Infections.
 - 2. Influence of social factors.
 - a. Poor housing.
 - b. Low income.

C. Important factors in nursing care of children.

1. Careful observation and recording.
2. Guide developmental processes.
3. Mold personality.
4. "Mother" the patient.
5. Develop future citizens.

Student's References

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American Journal of Nursing (Sept., 1942) 42:1061-1066.

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American Journal of Nursing (July, 1935) 35:618-622.

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American Journal of Nursing, (Dec., 1936) 36:1204-1205.

UNIT II

NORMAL GROWTH AND DEVELOPMENT AND ESSENTIALS OF NUTRITION

Objectives to be attained in teaching this unit.

1. To develop an appreciation and an understanding of the child as a growing being and the adjustments required for normal growth and development.
2. To give knowledge of the normal nutritional requirements of the growing child so as to develop ability to present an attractive and palatable diet.
3. To develop ability to recognize deviations from normal growth and development, to observe and recognize need and give intelligent consultation to those responsible for the care of children and guidance to children themselves.

Chapter 3

THE FIRST EIGHTEEN MONTHS

I. Definition of terms.

- A. Growth denotes natural increase in size by cell multiplication--quantitative.
- B. Development indicates an increasing complexity or evolving into maturity--qualitative.

- C. Growth is a continuous process and proceeds in an orderly sequence.

II. Infancy (birth to two years)

- A. Point out the importance of this period in the total development.
- B. Normal resistance to disease in infancy.
- C. The newborn infant.
 - 1. Physical characteristics.
 - 2. Mental and emotional status.
 - 3. Nutrition.
 - a. Anatomy and physiology of the gastrointestinal tract compared with that of the adult.
 - b. Importance of good nutrition in infancy.
 - c. Nutritional requirements.
 - d. Infant feeding.
- D. For the four, six, nine and 18 month old this outline will be followed:
 - 1. Physical growth.
 - a. Normal increases in muscle coordination.
 - b. Development of the senses.
 - c. Tooth development.
 - 2. Mental development.

3. Emotional development.
 - a. Expression by crying.
 - b. Expression by other methods.
4. Social changes.
5. Nutrition.
 - a. Increases in food requirement.
 - b. Changes in dietary content.

III. Dr. Arnold Gesell's films showing the development in infancy.

- A. Show films.
- B. Discussion and question period.
- C. Repeat showing of films.

Clinical Teaching

Breast feeding versus formula feeding.

- A. Present a breast fed and a formula fed infant or young child.
- B. Compare growth and development from the physical and emotional standpoint.
- C. Advantages of breast feeding to the child, mother and society.
- D. Comparison of curd and content of human milk and cow's milk.

E. Contraindications for breast feeding.

Correlated Ward Teaching

In addition to the clinical teaching a certain amount of group and individual instruction will of necessity be done concurrently with the student nurses' experience on the different services.

Formula Laboratory Experiences

- I. Setting up the formula laboratory.
- II. Preparation of all types of formulae.
- III. Calculation of simple formulas.
- IV. Indications and contraindications for the use of different types of formulae.
- V. Home preparation of formula.
- VI. Comparative costs of formula ingredients.

Children's Nursery Experiences

- I. Bathing the infant.
- II. Technique of feeding.

Demonstrations

- I. Preparation and serving of solid foods to the young child.
- II. If possible show infants 6 weeks, 9 months and 18 months of age.

Bulletin Board Suggestions

1. Correct positions for holding the baby while feeding and bubbling.
2. Charts showing tooth development.
3. Pictures showing progressive growth and development.

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American Journal of Nursing, (Jan., 1936) 36:92-96.

Hoffmann, Walter H. D., and Dentler, Mam ie, "Questions and Answers About Your Young Child", National Dairy Council, Chicago, Illinois, 1945.

Ingles, Agnes, "What a Nursery School Can Teach You",

American Journal of Nursing, (July, 1942) 45:519-522.

McCullum, E. V., "The Nutritional Aspects of Milk Pasteurization",

American Journal of Public Health, (Sept., 1934) 24:956-958.

Senn, Milton J. E., "Influence of Psychological Factors on the

Nutrition of Children", American Journal of Public H ealth,

(March, 1945) 35:211-215.

Wyckoff, C. W., "Emotional Development of Young Children",

Hygeia (May, 1944) 22:350.

Early Childhood

I. Early Childhood (2 to 6 years)

Significance of this period.

- A. Rapid mental development.
- B. Increased muscle activity.

II. For the two, four, and six year old this outline will be followed.

- A. Physical growth.
- B. Mental development.

- 1. Marked increase in vocabulary.
- 2. Interest in stories.

C. Emotional development.

- 1. Developing fears.
- 2. Temper tantrums.

D. Social Development.

- 1. Gradual acceptance of other people.
- 2. "Habit forming period".

E. Nutrition.

- 1. Dietary constituents.
 - a. Best sources of protein for the child.
 - b. Best sources of vitamins and minerals.
- 2. Requirements.
 - a. Provide for growth and activity.
 - b. Distribution of calories in the days dietary.

Clinical Teaching

Safety measures in the home and hospital will be shown by visiting a ward and pointing out the dangers.

A. Preventing falls.

1. Safe bedsides.
2. Clean floors.
3. Guarded stairways.
4. Locked screens and windows.
5. Porch railing.

B. Preventing burns.

1. Keep matches out of reach.
2. Dangers of cleaning fluids.
3. Fire hazards.

C. Preventing poisoning.

1. Locked medicine chest.
2. Poisonous substances kept out of reach of children.

Demonstration and Clinic

If possible show children two, four and six years of age.

Demonstrations

- I. Preparation and serving of solid foods to the young child.
 - A. Cleanliness in preparation.
 - B. Edible form.
 - C. Attractiveness.
- II. Setting the stage at mealtime.
 - A. Make the child comfortable.
 - B. Encourage self-feeding.
 - C. Provide suitable eating environment.
 - D. Relation of good food habits to nutrition.
 - E. Supervision at meal time.

Correlated Ward Teaching

Experience on ward 3-E with children from one to five years of age.

- I. Bathing the toddler.
- II. Preparation for rest hour.
- III. Play for the bed patient.

Bulletin Board Suggestion

Display toys or pictures of toys appropriate for the preschool child.

Field Trip

Students visit to a nursery school.

Children's Services is operated by the Oklahoma City Board of Education. The services provides care for children of working mothers. They operate six nursery schools for children from two to six years of age, six days a week (including holidays) from 5:00 A. M. to 7:00 P. M. at a fee of \$3.50 per week, which includes meals from breakfast through light supper for children remaining after 6:00 P. M. Also operates recreational and relaxation programs supplementing regular school days for children from 6 to 14, known as extended school service centers, operated 5:00 A. M. to 8:30 A. M. and 3:30 P. M. to 7:00 P. M., Mondays through Fridays; 5:00 A. M. to 7:00 P. M. Saturdays and holidays. The fee is \$1.35 per week, no meals included. Health certificates and immunization are required and daily health inspection is given. All teachers are required to have health certificates and special recreational training.

Children's Services is affiliated with the Federal Works Agency and supported by public funds, fees, and Federal Lanham Grant appropriation.

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"Safe at Home", John Hancock Mutual Life Insurance Company,
Boston, Mass., 1945.

Late Childhood

Late childhood (6 to 12 years)

- A. Physical growth
 - 1. Dentition.
 - 2. Gradual increase in weight.
 - 3. Physical examination for entrance to school.
- B. Mental development.
- C. Emotional development.
 - 1. Parent-child relationships.
 - 2. Adjustment to school.
- D. Social development.
- E. Nutrition.
 - 1. General requirements.
 - 2. Importance of the school lunch.

Clinical Teaching

- I. Story telling.
 - A. Presentation.
 - B. Content of the story.
 - C. Have students note reaction of child.
 - D. Discussion period.
- II. Adjustments when a hospital admission is made.
 - A. Adjustment of the parents.

- B. Adjustments of the child.
- C. Conveying the feeling of security to both.

Demonstration

Play equipment for the school age child.

Correlated Ward Teaching

Experience on ward 1-E or 1-W with children from 5 to 12 years of age.

- I. Use of restraints and bedsides.
- II. Clothing for day wear.
- III. Maintaining quiet during rest hour.

Bulletin Board suggestion

Building blocks of food illustrated.

Student's References

Bolles, Marjorie, "Sex Education for the Ten Year Old"
American Medical Association, 1941, 11pp.

Garrison, Charlotte G., and Sheehy, Emma D., "Children Like to Make Things", Parent's Magazine, (Oct., 1943) 18:22.

Lambert, Clara, Play, A Yardstick of Growth, Play School Association Incorporated, 119 W. 57th Street, New York.

McCaskill, Carra Lou, "The Child and His Play Grow Up",
American Journal of Nursing, (Apr., 1944) 44:358-361.

"Toys that Teach a Child to Make and Do", Parents' Magazine
(Dec., 1943) 18:28.

Adolescence

I. Growth and development in adolescence.

1. Early adolescence (13 to 15 years)
2. Middle adolescence (16 to 18 years)
3. Late adolescence (19 to 21 years)

II. Physical changes.

1. Height and weight increases in boys.
2. Height and weight increases in girls.
3. Development of secondary sex characteristics.

III. Mental development.

1. Attitudes.
2. Faculties.
3. Hygiene.

IV. Emotional development.

1. Nature of emotions.
2. Three major emotions.
3. Emotional maturity.

V. Social changes.

1. Gangs and clicques.
2. Parent-child relationships.
3. Relationships to persons of opposite sex.
4. Sex education.
 - a. Who should teach?
 - b. How much should be taught?

VI. Nutritional requirements.

- A. Quality and quantity.
- B. Food habits.

Clinical Teaching

I. Selecting entertainment for the adolescent.

- A. Interview an adolescent to determine his interests.
 1. Radio programs.
 2. Hobbies.
 3. Books.
- B. Discussion period.

Related Ward Experience

Experience on ward 2-E or 2-W with patients from 12 to 21 years of age.

Bulletin Board Suggestion

Post pictures of the seven basic foods.

Student's References

Cole, Luella , Psychology of Adolescence. Farrar and Rinehart, Incorporated, New York, 1936.

Corner, George W., and Landis Carney, "Sex Education for the Adolescent", American Medical Association, 1941, 17 pp.

UNIT III

DISEASES OF INFANCY AND CHILDHOOD

Objectives to be attained in teaching this unit.

1. To develop a basic knowledge of the pediatric conditions as a foundation for giving skilled nursing care to children.
2. Review anatomy and physiology of the organs and systems of the infant and growing child to insure an understanding of their symptoms and conditions.

UNIT IV

PRINCIPLES OF NURSING CARE AND PROCEDURES IN

DISEASES OF INFANCY AND CHILDHOOD

Objectives to be attained in teaching this unit.

1. Develop the ability to understand the disease as to changes produced which nursing relieves or helps to cure.
2. Emphasize the importance of utilizing every opportunity to promote health education.
3. Develop appreciation and skill in aiding a child in adjusting to the hospital situation.

Unit III and IV will be taught concurrently and to give a better view of their relationship the classroom teaching content is presented in two parallel columns.

Chapter 4

DISTURBANCES OF NUTRITION

Doctor's lecture.

The general outline to be followed in discussing these conditions is:

1. Etiology.
2. Common occurrence.
3. Pathology.
4. Symptoms and signs.
5. Diagnosis.
6. Complications.
7. Treatment.
8. Prognosis.

I. Undernourishment.

- A. Symptoms manifested in infants.
- B. Symptoms manifested in children.

II. Obesity.

III. Scurvy.

IV. Rickets.

Nursing care and principles in

Nutritional disturbances.

I. Review of etiology of malnutrition.

- A. Faulty diet.
- B. Systemic disease.

II. Nursing principles.

A. Establish Nutrition.

1. Proper feeding.
 - a. Preparation.
 - b. administration.
2. Proper administration of medication.
3. Exercise.
4. Fresh air and sunshine.

B. Alleviate symptoms.

1. In scurvy.
 - a. Careful handling.
 - b. Protect painful extremities.

Emphasize the predisposing
causes of rickets.

V. Tetany.

VI. Acrodynia.

c. Oral hygiene.

d. Feed in bed with
head elevated.

e. Careful diapering.

2. In undernutrition.

a. Careful handling.

b. Maintain body
heat.

C. Prevention of infection.

III. Instructions to mothers.

A. Prophylactic measures.

1. Administration of
vitamins.

2. Cost of prevention in
relation to cost of
cure.

3. Contributions of a
balanced diet.

B. Use of other community
health agencies.

1. Community nursing
service.

2. Agencies giving
financial aid.

3. Clinics.

Clinical Teaching

The doctor's clinics mentioned heretofore will vary somewhat with the subject being discussed, however the general outline to be followed is:

1. Clinical symptoms manifested by the patient and compared with the usual symptoms.
2. Clinical course of the disease.
3. Therapeutic treatment and results obtained.
4. Possibilities in prevention.
5. Prognosis.
6. Discussion period.

Because of the wide variation in emphasis a nursing conference outline is included under each subject.

Varying with available patients three of the following conditions will be selected for doctor's clinics and nursing conferences or a combination of these.

1. Acute malnutrition in infancy.
2. Malnutrition in a school age child.
3. Scurvy.
4. Rickets.
5. Tetany.

Nurse's conference outline.

1. Compare the physical, mental, emotional and economic status with that of the average well child. Compare the social status of a child old enough to realize he is excessively obese or thin.

2. Nursing principles of care as related to this patient in the hospital.

3. Adapting of nursing skills to the individual child.

4. Follow-up care taught to the parents and child.

5. Indications for convalescent care away from home.

Consider: social-economic background, intelligence of parents, and degree of illness. Refer to clinic, well-child conference or public health nursing agency.

Demonstration

I. Preparation of the bed for a patient with scurvy.

A. Use of a foot board.

B. Use of a cradle.

C. Painless diaper change.

D. Improvisation in the home.

II. Setting the stage at mealtime.

A. Preparation of the patient.

B. Allowing relaxation period.

C. Serving the meal.

Bulletin Board Suggestion

Pictures of the clinical manifestations in avitaminosis.

Student's references

Bancroft, M. Corinne, and Pierce, Elizabeth, and Cutler, Bessie, Pediatric Nursing. third ed., Macmillan Company, New York 1938, pp. 350-361.

Sellew, Gladys, Nursing of Children. fifth ed., W. B. Saunders Company, Philadelphia, 1944, pp. 256-266.

"Clinical Aspects of Avitaminosis", Upjohn Company, Kalamazoo, Michigan, 1943.

Chapter 5

PREMATURITY AND DISEASES OF THE NEWBORN

Doctor's lecture.

Nursing care in prematurity.

I. The premature infant.

I. National aspect.

A. Definition.

A. Prematurity as the largest single cause of neonatal death.

B. Causes of premature delivery.

1. Maternal causes.
2. Other causes.

B. Statistics showing the importance of prevention and care.

C. Characteristics.

1. External appearance.
2. Internal development.
3. Physiological signs portraying immaturity.

II. Nursing care principles.

Strive to create environmental conditions equal to those intrauterine.

D. Prognosis.

A. Maintenance of stable body

E. Prevention of premature delivery.

temperature and conservation of energy.

II. The newborn infant.

1. Supplying heat.

A. Adaptations necessary at birth.

a. Room temperature.

b. Clothing and bedding.

1. Respiration.

c. Incubator.

2. Circulatory changes.
(show diagram)
3. Temperature regulation.
4. Obtaining nourishment.

B. Diseases peculiar to the newborn.

Each will be discussed giving the etiology, symptoms and treatment.

1. Asphyxia .
2. Atelectasis.
3. Hemorrhage.
4. Injuries.
5. Infections.
6. Icterus.
 - a. Icterus neonatorum.
 - b. Erythroblastosis.
 - c. Other causes.
7. Metabolic disorders.
8. Congenital defects.

Some of the most common congenital defects will be mentioned.

Important ones will be

- d. Hot water bottles .
- e. Electric light or ray lamp.
- f. Humidity.
- g. Safe transportation to hospital.

2. Conservation of heat and energy.

- a. Well organized procedures.
- b. Minimum motions.
- c. Gentle, precise motions.
- d. Safe transportation to nursery.

3. Bathing.

- a. Oil every week if under 2 pounds.
- b. Oil twice weekly if under 4 pounds.
- c. Soap and water bath twice weekly after cord is off if over 4 pounds.

discussed with the diseases of the body system in which it falls.

B. Promotion of growth by careful feeding and proper food.

1. Food as ordered.

- a. 50-60 calories per pound per day.
- b. Omit 24-48 hours.
- c. 5 per cent glucose in saline to begin with.
- d. Milk.

2. Method of feeding.

- a. Gavage.
- b. Medicine dropper.
- c. Breck feeder.
- d. Nipple.

3. Position for feeding varies with method utilized.

4. Prophylactic measures.

- a. Vitamins.
- b. Iron.

C. Prevention of infection.

Morbidity is always
potential mortality.

1. Medical aseptic technique used in nursery.
 - a. Frequent washing of hands.
 - b. Use of sterile equipment.
 - c. Use of gowns and masks.
2. Have small rooms or divisions containing four cubicles.
3. Separate nursery for suspect cases and babies from outside the hospital.
4. Minimum number of contacts.
5. No visitors.
6. Individual equipment.
7. Workers free from infection.

8. Nurses rotate from a
clean ward.

9. Adequate ventilation.

10. Special formula room.

III. Preparation for discharge.

Adequate provision made
before discharge for
satisfactory home care.

A. Ability of mother to
provide care depends upon:

1. Equipment and facilities.

2. Intelligence.

3. Understanding of baby's
needs.

B. Need for interpretations
by demonstration and
supervision.

1. Feeding.

2. Bathing.

3. Handling.

4. Precautionary measures.

C. Use of other professional workers.

1. Doctor.
2. Nurse.
3. Public health nurse.
4. Social service.

IV. Improving standards.

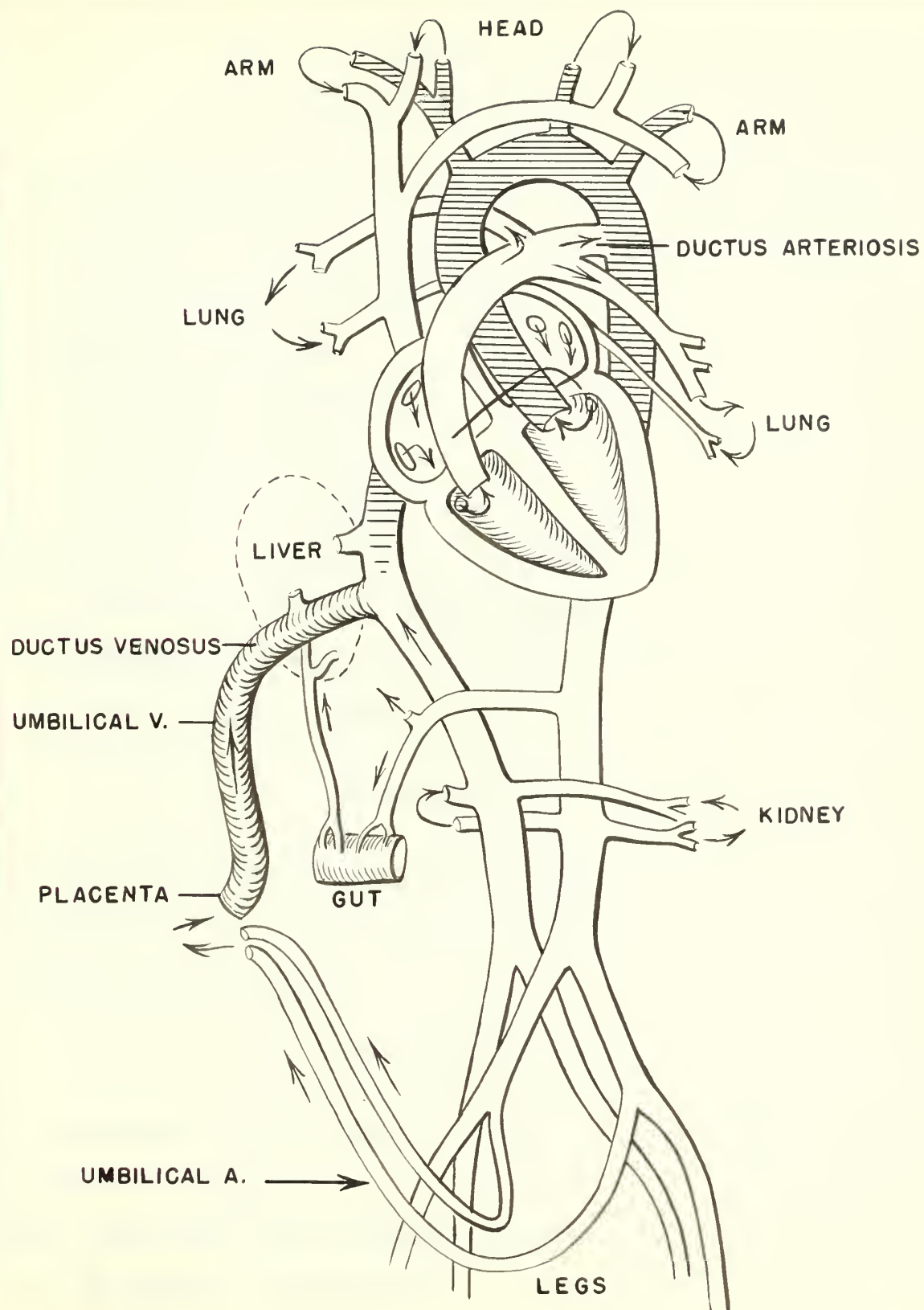
A. Elimination of causes of premature delivery.

1. Education of mothers.
2. Education of professional specialists.
3. Clinics.

B. Elimination of causes of premature death.

C. Agencies concerned.

1. White House Conference.
2. Children's Bureau.
3. Sheppard-Towner Act.
4. Smith-Lever Law.



FETAL CIRCULATION

Clinical Teaching

I. Transportation of the premature in the premature carrier.

Use a baby for demonstrating.

A. From the University Hospital.

B. From the District.

1. Prevent exposure.

2. Provide warmth.

3. Administer oxygen.

II. Inspection of the newborn in the home.

A. For deformities not readily seen.

B. Referral for early corrections.

C. Show an actual case.

Demonstrations

I. Instillation of medication in the eyes.

II. Setting up a premature unit in the home.

Improvised incubators.

Correlated Ward Teaching

Experience in the premature nursery with newborns weighing less than five pounds.

I. What constitutes good premature care?

A. To prevent prematurity.

B. To prevent premature delivery in the home.

- II. Bath and gown technique.
- III. Admission and discharge routines.
- IV. Gavage, Breck, and dropper feeding.
- V. Making premature jackets.
- VI. Preparation of linen supply.
- VII. Care of equipment and cleaning the nursery.
- VIII. Setting up and assisting with treatments.

Bulletin Board Suggestion

Display pictures of commercial and improvised incubators.

Field Trip

Students visit the Mother's Milk Bank

The Variety Club Health Center in Oklahoma City is a 32 room building housing all clinics, laboratory, facilities, programs and services sponsored by the Oklahoma County Health Association, designed for those unable to pay for private medical care. The Mother's Milk Bank housed there consists of three rooms: one providing facilities for the mothers to scrub-up and express their milk, one with cribs for their babies, and one for sterilizing and freezing the milk.

Student's References

Dunham, Ethel Co., "Progress in the care of Premature Infant", American Journal of Nursing (July, 1945) 45:515-518.

Hess, Julius H ., and Lundeen, Evelyn C., The Premature Infant. J. B. Lippincott Company, Philadelphia, 1941.

Potter, Edith L., "Maternal Health in Relation to Infant Mortality", American Journal of Nursing, (Feb., 1945) 45:122-124.

Sutton, Mary F. "Trends in Nursing Care of the Newborn", American Journal of Nursing, (Aug. 1945) 45:615-618.

Unger, Lester J. "The Rh Factor", American Journal of Nursing, (Sept., 1945) 45:688-690.

"Hospital and Home Care of the Premature Infant", Children's Bureau Publication No. 33, United States Department of Labor, Washington, D. C.

"Standards and Recommendations for Hospital Care of Newborn Infants--Full term and Premature", Children's Bureau Publication No. 292, United States Department of Labor, Washington, D. C.

Chapter 6

DISEASES OF THE GASTRO-ENTERIC TRACT

- | | |
|------------------------------|--------------------------------|
| I. Medical diseases | Nursing Care problems in |
| The general outline to be | diseases of the gastro-enteric |
| followed in discussing these | tract. |
| conditions is: | |
| 1. Etiology. | I. General Nursing care |
| 2. Signs and symptoms. | principles. |
| 3. Treatment. | A. Diet according to |
| 4. Prognosis. | conditions. |
| A. Stomatitis. | B. Rest to affected part. |
| 1. Thrush. | C. Alleviate symptoms. |
| 2. Vincent's angina. | D. Prevent complications. |
| 3. Others. | II. Diarrhea. |
| B. Gastric indigestion. | A. Nursing care problems |
| C. Recurrent Vomiting. | in diarrhea. |
| D. Constipation. | 1. Prevent dehydration. |
| E. Colic. | a. Maintain as normal |
| F. Idiopathic Megacolon. | a temperature as |
| G. Diarrhea. | possible. |
| 1. Acute gastro-enteritis. | b. Administer fluids |
| | as ordered. |

2. Poisoning.

3. Chronic ileocolitis.

H. Celiac syndrome.

I. Intestinal parasites.

J. Catarrhal jaundice.

K. Pancreatic fibrosis.

II. Surgical conditions.

The general outline to be followed in discussing these conditions is:

1. Etiology.

2. Incidence.

3. Pathology.

4. Signs and symptoms.

5. Diagnosis.

6. Complications.

7. Prognosis.

8. Treatment.

A. Congenital anomalies.

1. Harelip and Cleft palate.

a. Age and condition preoperatively.

b. Post operative complications.

2. Avoid stimulation of peristalsis.

a. Soothing diet.

b. Axillary temperature.

3. Secure a nutritional state.

a. Vitamin administration.

b. Proper feeding after starvation period.

4. Prevent secondary infection.

B. Social problems.

C. Teaching the parents.

1. Preventive aspects in the home.

a. Milk.

(1) Good source.

(2) Refrigeration.

b. Screening.

c. Simplified formula technique to avoid breaks.

d. General cleanliness.

2. Malformations of the esophagus.
3. Pyloric stenosis.
 - a. Non-surgical treatment.
 - b. Surgical treatment.
- B. Acquired conditions.
 1. Intussusception.
 2. Hernia.
 3. Appendicitis.
2. Care of the convalescent child.
- III. Celiac syndrom.
 - A. Nursing care principles.
 1. Strict adherence to diet.
 2. Prevention of secondary infection.
 3. Wise handling of behavior disturbances.
 - B. Teaching convalescent care.
 1. Dietary contents.
 2. Prevention of infection.
- IV. Nursing care of hare lip and cleft palate.
 - A. Preoperative care.
 1. Maintain nutrition.
 2. Prevent respiratory infections.
 3. Feed with asepto.

B. Preoperative preparation.

1. Mental preparation.
2. Routine physical preparation and its value.
3. Preparation of parents.

C. Postoperative care.

1. Prevent aspiration of blood, mucus, or feedings.
2. Maintain a clean suture line.
 - a. Clean every 30 minutes for 24 hours post-operatively.
 - b. Give sterile water before and after sterile feedings.
 - c. Clean before and after feeding.
3. Prevent strain on suture line.
 - a. Logan clip.
 - b. Sedate to eliminate crying.

c. Use rubber tip on

asepto feeder.

d. Use restraints to

keep hands away from
mouth.

D. Preparation for discharge.

1. Demonstrate asepto
feeding.

2. Preparation of formula.

3. Bath demonstration.

4. Care of lip and oral
cavity.

E. Social, mental and
emotional adjustment.

1. Acceptance of the
child in the family.

2. Treating the child
like a normal child.

V. Nursing Care of pyloric
stenosis patient.

A. Review of anatomy and
physiology involved.

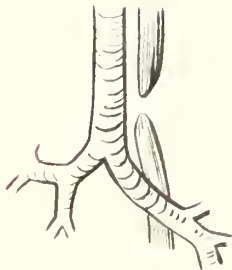
B. Major nursing principles.

1. Maintain nutrition.

a. Careful feeding in
bed.

b. Repeat feeding after
vomiting.

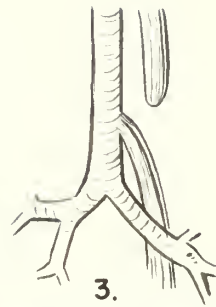
2. Promote healing if
operation is performed.



1.

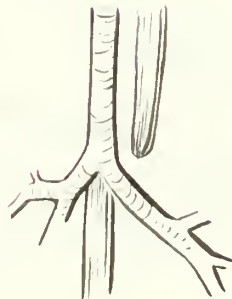


2.



3.

MOST COMMON



4.

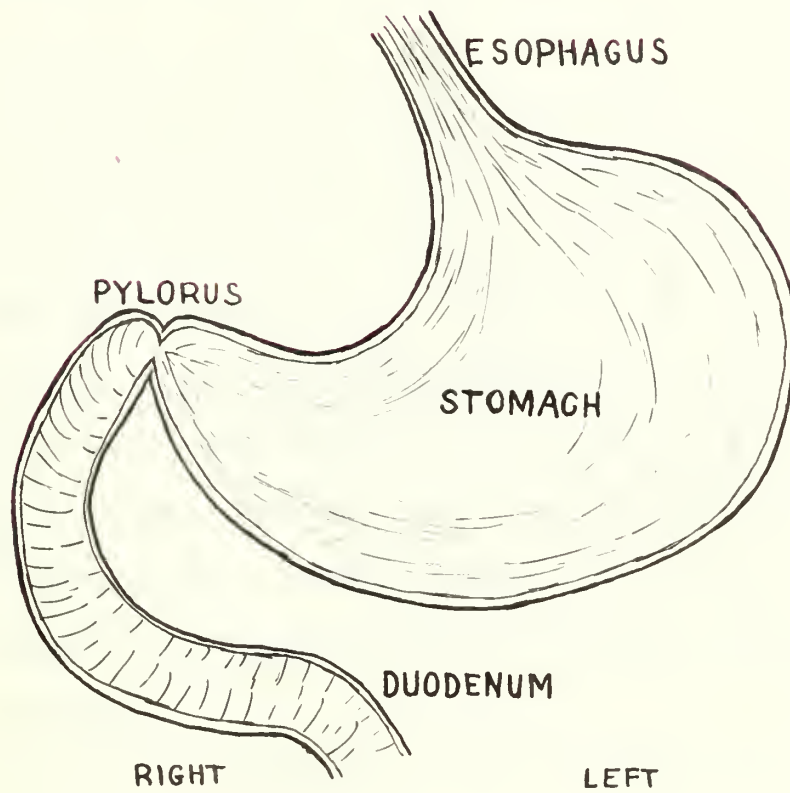


5.

RAREST TYPE

MALFORMATIONS of ESOPHAGUS

STOMACH



Clinical Teaching

Varying with available cases additional clinics will be given on celiac syndrome and at least one surgical condition as: appendicitis, hernia, pyloric stenosis, or intussusception.

Nurses' Conference outline.

1. Nursing problems related to the care of the patient in the hospital as related to social-economic status.
2. Compare physical, mental, social, and emotional development with that of a well child.
3. Adaptation of nursing skills to the individual child.
4. Follow-up care taught to the parents and child.
5. Indications for convalescent care away from home as influenced by: social-economic background, home conditions, intelligence of parents, and degree of illness.
6. Referral for follow-up care and return to hospital or clinic.

Demonstrations

- I. Use of restraints in surgical conditions and the styles dressing.
- II. Maintaining a Fowler's position

III. Application of a yarn truss.

Clinic and Demonstration

I. Technique of feeding.

A. Assembling of equipment.

1. Food.

2. Selection of nipple.

B. Comfort and position of baby.

1. Security.

2. Relaxation.

C. "Bubbling".

D. Position after feeding.

E. Recording.

II. Nursing Care of the postoperative cleft palate.

Present a case and demonstrate the care.

A. Diet.

B. Sedation.

C. Restraints used.

D. Oral care.

Correlated Ward Teaching

Experience in children's nursery with babies from birth to one year of age.

- I. Giving Medications.
- II. Collection of specimens. (urine and stool)
- III. Infant enema procedure.
- IV. Proper use of the diaper stand.
- V. Harelip care.

Experience on ward 3-E with children from one to five years of age.

- I. Giving medications.
- II. Who must stay in bed.

Bulletin Board Suggestion

Post pictures of a child with celiac syndrome and pictures of a celiac patient following treatment. Post pictures of foods included in a celiac diet.

Student's References

Barber, Wilford W., "Celiac Disease", American Journal of Nursing, (July, 1936) 36:660-672..

Gross, Robert E., and Blodgett, James B., "Amphalocele in the Newly Born", Surgery, Gynecology and Obstetrics, (Oct., 1940) 71:520-527.

Joffe, Sophia A., "The Treatment of Pyloric Stenosis",
American Journal of Nursing, (Feb., 1936) 36:125-127.

Kenyon, Josephine H., Healthy Babies are Happy Babies.
Little Brown and Company, Boston, 1934.

Ladd, William E. "The Choice of Time and Type of Operation in
Surgery of Early Life", Pennsylvania Medical Journal,
(April, 1943)

Chapter 7

DISEASES OF THE GENITO-URINARY TRACT

I. Malformations of the urinary tract.

These conditions should be defined and discussed only briefly giving the possibilities of treatment.

- A. Congenital cystic kidney.
- B. Hydronephrosis.
- C. Patent urachus.
- D. Hypospadias and epispadias.
- E. Malformations producing obstruction of the urinary flow.
- F. Extrophy of the bladder.
- G. Undescended testes (Cryptorchidism).

The general outline to be followed in discussing other genito-urinary

Nursing Care in Nephritis.

I. Illustration of the anatomy of the kidney and review of physiology involved and kidney functions.

A. Diagram of kidney anatomy.

B. Functions of the kidneys to keep the body fluids at their normal consistency in composition, volume, and PH. by extracting:

1. Almost all of the nitrogenous waste.
2. Greater part of the salts not needed by the blood.
3. About one half the excess water.
4. Foreign substances

conditions is:

including toxins.

1. Definition.

II. Nursing care principles.

2. Etiology.

A. Complete bed rest.

3. Pathology.

1. Reduce metabolism and tissue waste.

4. Symptoms and signs.

2. Reduce blood pressure to a minimum.

5. Diagnosis.

6. Complications.

B. Rest the kidneys.

7. Treatment.

8. Prognosis.

1. Lessen the ash to be eliminated.

II. Infections of the urinary tract.

A. Pyelitis(pyelonephritis)

a. avoid foods with a high ash content.

B. Cystitis.

b. High carbohydrate diet gives carbon dioxide and water

C. Perinephritis.

end products which

III. Disturbances of the kidney

A. Nephritis.

are easily eliminated.

1. Acute glomerulonephritis. Special

2. Avoid foods which produce irritating end products.

emphasis should be

given to grouping of

patients according to

the combination of

clinical findings and

variations in treatment

3. Stimulate elimination through other channels.

a. Stimulating strokes while bathing.

of these four groups.

Group I

- a. Normal blood pressure.
- b. Good urinary output.
- c. Normal blood urea nitrogen.

Group II

- a. Elevated blood pressure.
- b. Good urinary output.
- c. Normal blood pressure.

Group III

- a. Normal blood pressure.
- b. Small urinary output.
- c. Elevated blood urea nitrogen.

b. Adequate bowel elimination .

(1) Cathartics

(2) Enemas.

c. Keep the patient between blankets.

(1) To prevent

chilling which

causes con-

traction of

surface vessels

increasing

circulation in

the kidneys.

(2) Aids elimina-

tion by

perspiration.

C. Relieve edema.

1. Limit sodium intake.

2. Limit fluid intake.

D. Prevent decubitus.

E. Guard against other infections.

Group IV.

a. Elevated blood pressure.

b. Small urinary output.

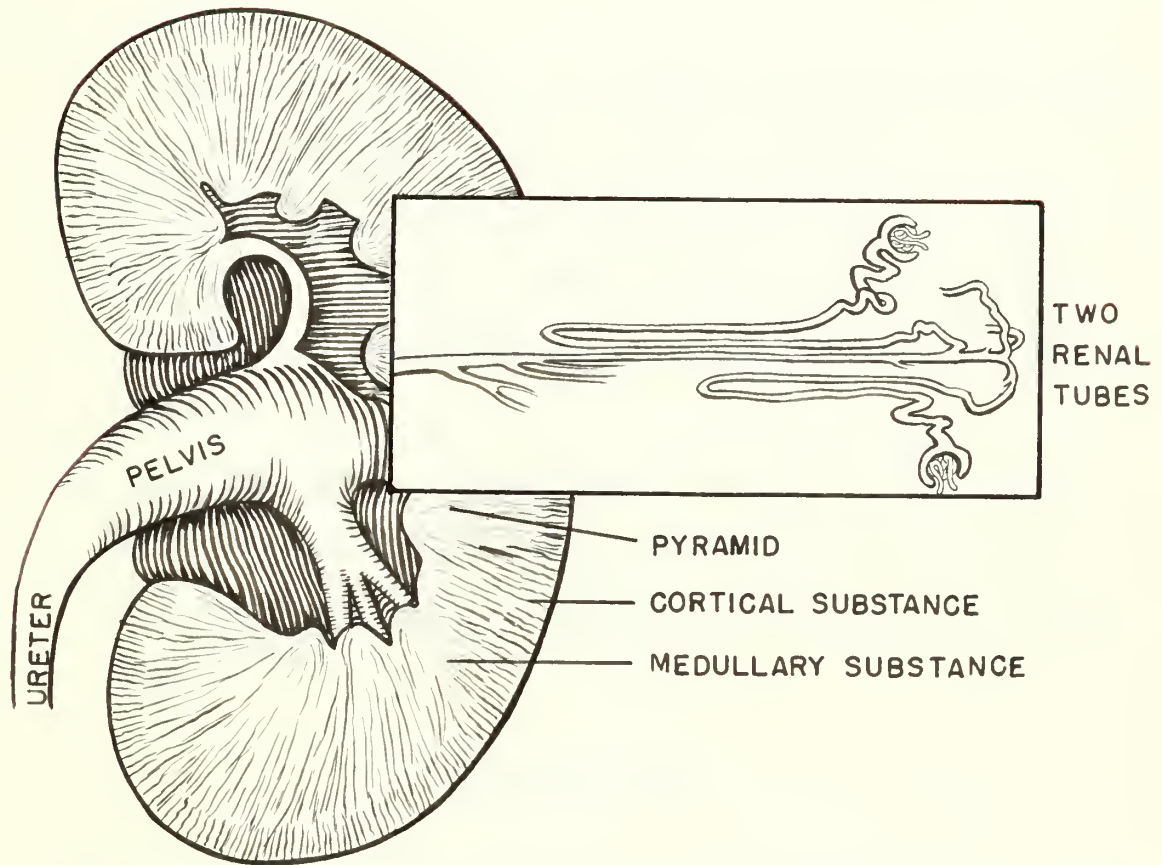
c. Elevated blood urea

nitrogen.

2. Chronic glomerulonephritis.

B. Nephrosis.

KIDNEY



Clinical Teaching

At least two clinics will be given on nephritis, nephrosis, or extrophy of the bladder varying with available cases.

Nurses' conference outline.

1. Comparison of physical, mental, emotional and social development with that of the well child.
2. Nursing principles as applied to the care of this child.
3. Adaption of nursing skills to the individual child.
Care in the hospital and home and teaching parents and child.
4. Indications for convalescent care away from home considering intelligence of parents, home conditons, degree of illness, and child's willingness to leave home.

Demonstration

Collection of urine specimens and recording fluid intake and output.

Student's References

Ladd, William E., and Lanman, Thomas H ., "Extrophy of the Bladder", New England Journal of Medicine, (Apr.,1937) 216:637-644.

Vanderschuur, Hendrika, "Nursing Care of Patients Receiving Sulfonamides", American Journal of Nursing, (Jan., 1945) 45:39-41.

Chapter 8

DISEASES OF THE RESPIRATORY TRACT

The general outline for the discussion of disease conditions of the respiratory tract is as follows:

1. Definition.
2. Etiology.
3. Pathology.
4. Signs and symptoms.
5. Diagnosis.
6. Complications.
7. Treatment.
8. Prognosis.

I. Diseases of the nose.

- A. Coryza and preventive measures.
- B. Sinusitis.
- C. Epistaxis.

II. Diseases of the throat.

- A. Pharyngitis.
- B. Tonsillitis.

I. Review of nursing care in diseases of the ear, nose and throat.

II. Nursing care in pneumonia.

- A. Illustration of the anatomy of the lung and a review of the physiology.
 1. Diagram of the lung.
 2. Purpose of respiration.
 - a. Supply cells of the body with oxygen.
 - b. Rid the cells of excess carbon dioxide.
 - c. Aids in equalizing body temperature by getting rid of excess water.
- B. Alterations in normal function caused by the

- C. Peritonsillar abscess. pneumonic process.
- D. Retropharyngeal abscess. 1. Air space reduced by edema.
- III. Diseases of the ear. 2. Inflammatory process hinders exchange of gases.
- A. Otitis media and pre-vention.
- B. Mastoiditis.
- IV. Diseases of the larynx. 3. Obstruction by exudate.
- A. Acute catarrhal laryngitis. C. Nursing care principles
- B. Spasmodic laryngitis. 1. Aid respiration.
- C. Congestive laryngeal stridor. a. Oxygen therapy.
- V. Diseases of the trachea, (1) Concentration of 40%.
bronchi and lungs. (2) Flood tent with oxygen before putting child in.
- A. Bronchitis. (3) Stabilize the temperature at 70 to 78 degrees fahrenheit.
- 1. Acute.
- 2. Chronic.
- B. Bronchiectasis, a sequela of bronchitis
- C. Pneumonia and modern treatment. (4) Increase humidity.
- 1. Bacterial infections. (5) Types of tents.
- 2. Viral infections. b. Comfortable position in bed.
- 3. Interstitial pneumonia. (1) Head elevated if
- 4. Aspiration pneumonia.

D. Pleurisy.

. necessary.

E. Empyema.

(2) Loose covers.

VI. Foreign bodies in the
larynx, trachea and
bronchi.

(3) Gentle massage of
back and legs.

c. Relieve abdominal dis-
tention.

(1) Rectal tube.

(2) Enema.

(3) Stoops.

(4) Drugs.

d. Avoid nasal obstruction.

(1) cleaning the nares.

(2) administering nose
drops.

e. Steam inhalations.

(1) Soothing to lung
tissues.

(2) Aids exchange of gas-
es in lungs.

2. Reduce activity.

a. Regular administration
of sedatives.

b. To conserve heart
energy.



3. Reduce the temperature.
 - a. Luke warm baths.
 - b. Alcohol sponges.
4. Encourage fluid intake.
4000 to 5000 CC daily.
 - a. To dilute toxins and aid in their elimination.
 - b. To dilute the sulfa to prevent chrystal formation and injury to the kidney tubules.
5. Give best oral hygiene possible as it:
 - a. Adds to patients comfort.
 - b. Increases readiness for large amounts of fluids.

Methods:

- a. Scrubbing of heavily coated tongue and lips with sodium

perborate and hydrogen
peroxide.

- b. Application of Mineral
oil every half hour for
two hours.
- c. Cool refreshing mouth
wash.
- d. Soothing ointment applied
to lips.
- e. Individual attention to
herpes.

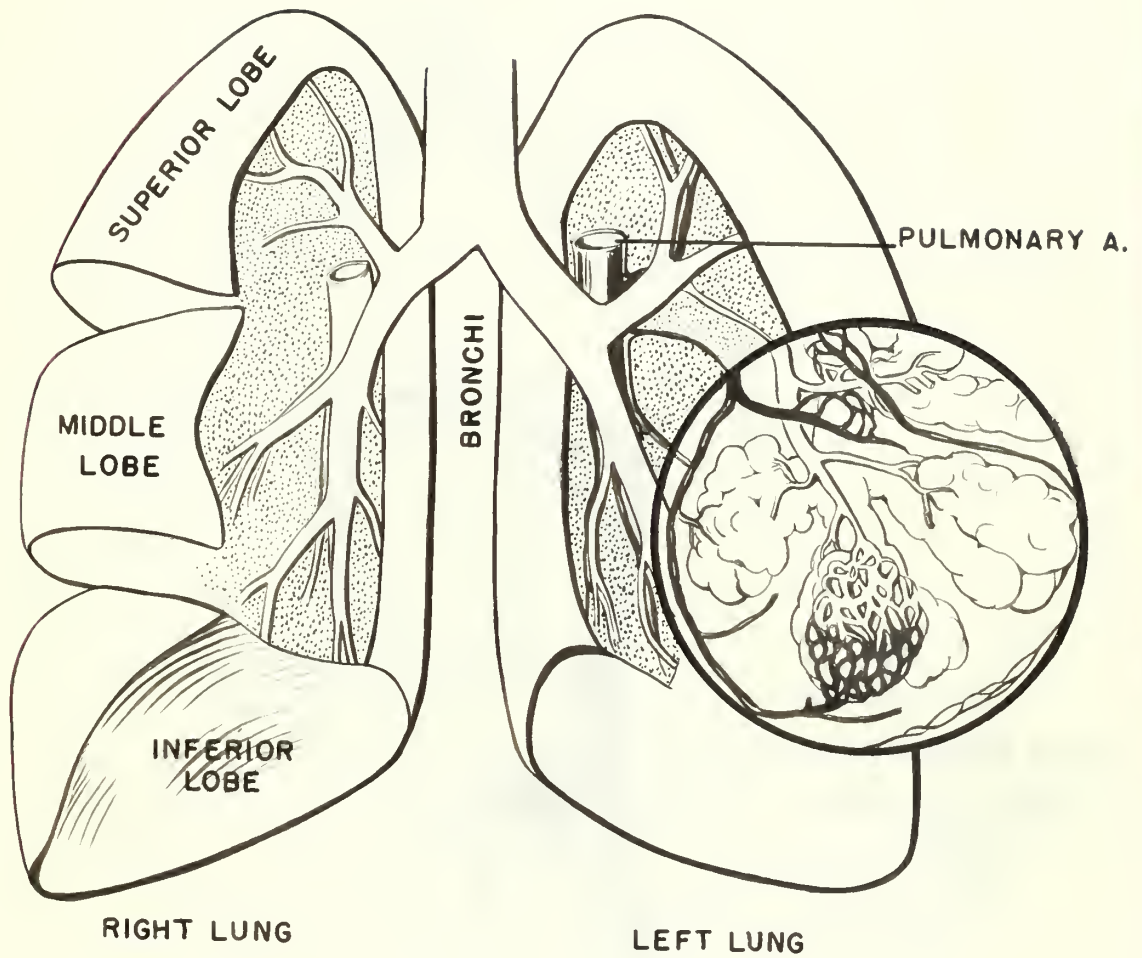
6. Isolation precautions.

D. Supportive diet.

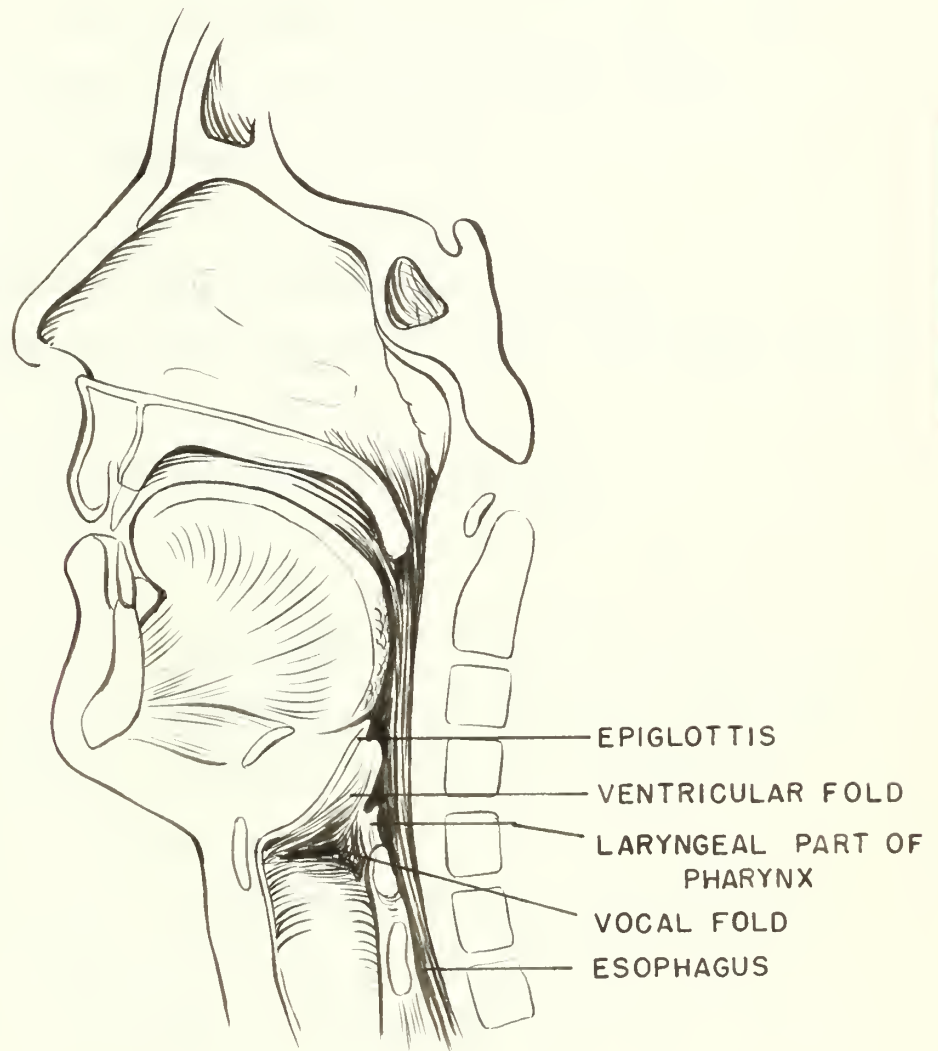
E. Convalescent care.

- 1. To prolong the period of
bed rest.
- 2. To facilitate a gain in
strength.
- 3. To provide amusement and
relaxation at the same
time.
 - a. Jig-saw puzzles.
 - b. Reading.

LUNGS



LARYNX and PHARYNX



THE UNIVERSITY OF CHICAGO



Clinical Teaching.

I. Tracheotomy care. This may be given either at this time or in correlation with communicable disease nursing. Show patient and demonstrate care as applied to that child.

II. Nursing care of coryza in the home.

Consider diet, rest, and segregation.

III. Care of post-operative tonsillectomy patient.

- A. Desirable position and how to gain this child's cooperation.
- B. Observation of symptoms of hemorrhage.
- C. Diet.

Additional nurses' conference and doctor's clinic on at least one of the following conditions varying with available cases: bronchiectasis, pneumonia, pleurisy, and empyema.

Nurses' conference outline.

- 1. Comparison of the physical, mental, emotional and social development with that of the well child.
- 2. Nursing principles as related to the care of the child in the hospital.
- 3. Adapting nursing skills to the individual child.
Orthopedic implications.
- 4. Indications for convalescent care outside the home considering the degree of illness and the parents' intelligence.

5. Referral for follow-up care.

Demonstrations

- I. Ear irrigation and application of drops to the ears and nose.
 - A. Restraining.
 - B. Precautions.
 - C. Position of patient.
- II. Postural drainage.
Drainage of pleural cavity.
- III. Steam inhalation.
 - A. Why?
 - B. How?
 - C. In the home.

Bulletin Board Suggestion

- Post X-rays showing aspirated foreign bodies.
- Post normal and pneumonic chest x-rays.

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American Journal of Nursing, (Feb., 1943) 43:141-143.

Chapter 9

CONDITIONS OF THE BLOOD AND CIRCULATORY SYSTEM

- | | |
|--|---|
| I. Circulatory system. | Nursing care in diseases of the |
| A. Fetal circulation. | blood and circulatory system. |
| B. Changes in circulation at birth. | I. Review of anatomy and physiology involved. |
| II. Symptoms and signs of circulatory disease. | II. Nursing care principles. |
| A. Objective Symptoms. | A. Rest and quiet. |
| B. Subjective symptoms. | 1. Semi-sitting position. |
| III. Congenital cardiac disease. | 2. Complete nursing care. |
| A. Incidence. | 3. Reassuring attitude. |
| B. Common types. | 4. Oxygen therapy. |
| 1. Patent ductus arteriosus. | B. Prevention of infection. |
| 2. Patent inter-ventricular septum. | 1. Light, well-ventilated, uncrowded quarters. |
| 3. Pulmonary stenosis. | 2. Regular examination of workers. |
| IV. Acquired circulatory disease. | 3. Avoid raising dust during care. |
| | 4. Segregation from children with other diseases. |

Rheumatic fever.

A. Etiology.

B. Pathology.

C. Symptoms.

1. Major manifestations.

2. Minor manifestations.

D. Diagnosis.

E. Complications.

F. Treatment.

G. Prognosis.

H. Prevention of recurrence.

C. Observation for drug toxins.

1. Digitalis.

2. Solicylates.

3. Diuretics.

D. Maintaining Nutrition.

1. Small amounts given frequently.

2. Avoid gas forming foods.

3. Avoid foods hard to digest.

4. Low salt intake.

E. Prevention of emotional trauma.

1. Pleasant atmosphere.

2. Amusements.

3. Contacts with other children having rheumatic fever.

V. Diseases of the blood.

A. Comparison of the blood constituents of the child and those of the adult.

B. Symptoms of blood dyscrasia.

III. Public health aspects.

A. Relationship to streptococcus infections.

B. Disease of crowding and low economic level.

This general outline will be followed in discussing

diseases of the blood.

1. Etiology.
2. Signs and symptoms.
3. Diagnosis.
4. Treatment.
5. Prognosis.

C. Anemia.

1. Secondary anemia.
2. Sickle-cell anemia.
3. Erythroblastotic anemia.
4. Aplastic anemia.

D. Leukemia.

E. Hemophilia.

F. Purpura.

C. Costly care--protractive disease.

D. Many agencies utilized in complete care.

IV. Preparation for discharge.

A. Social history.

1. Home and financial conditions.
2. Educational background and type of family.
3. Personality of patient.

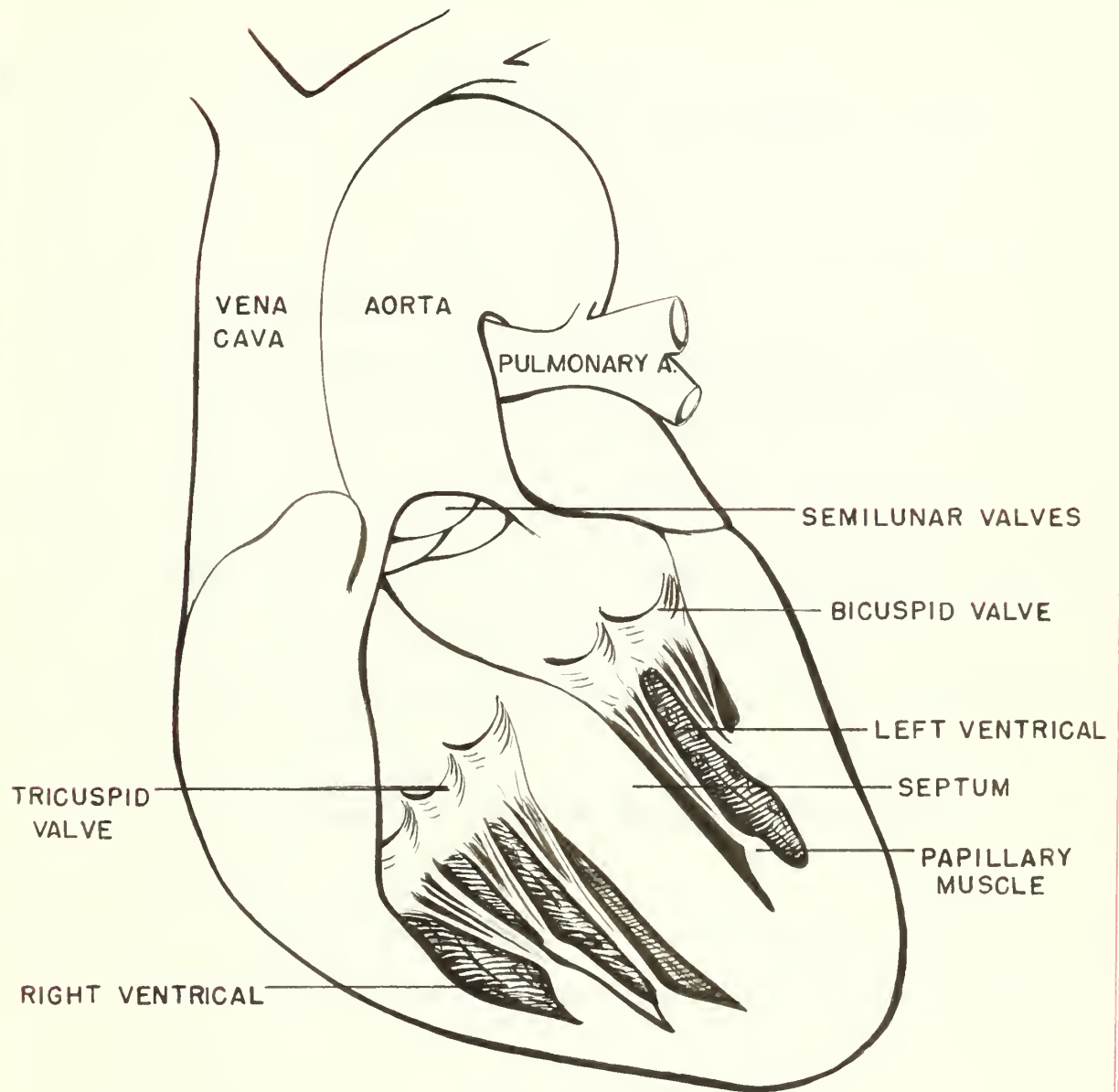
B. Notifying the community health association.

C. Teaching the family.

1. Importance of regular clinic follow up.
2. Nursing care procedures.
3. Dietary requirements.
 - a. Well-balanced, high-caloric, high-vitamin diet.
 - b. Attractive meals.
 - c. Easily digested food.

4. Checking the weight regularly.
5. Teaching cardinal points about the disease.
6. Importance of the patient having a room alone.

HEART VALVES



Clinical Teaching

I. Oxygen therapy with tent and mask.

Show any patient receiving oxygen if a cardiac is not available.

II. Doctor's clinic and nurses' conference on rheumatic fever showing the patient.

III. At least one additional clinic on hemophilia, purpura, or congenital heart condition varying with available cases.

Nurses' conference outline.

1. Comparison of the physical, mental, emotional and social development with that of the well child.
2. Nursing principles as related to the care of the child in the hospital.
3. Adapting nursing skills to the individual child.
Orthopedic implications.
4. Indications for convalescent care outside the home considering the degree of illness and parents' intelligence.
5. Referral for follow-up care.
6. Adapting care to the home situation.

Bulletin Board Suggestion

Post chart showing comparison of normal and abnormal electrocardiograms.

Post a chart showing the relation of position to pressure on the heart.

Field trip

Have students visit a convalescent home. Children's Welfare League maintains a convalescent home for crippled children and children suffering from rheumatic heart ills. Latter accepted from all parts of the state. Children no longer requiring constant, or daily hospital care are accepted from Children's Hospital of University Hospitals. It serves as a rehabilitation center until children may return home on recommendation of the physician. Regular school curriculum is conducted for children of all ages; art work, handicrafts, and other crafts included.

The home is situated on a 23-acre farm, which supplies vegetables, fruits, poultry and eggs, and dairy products, located just outside Oklahoma City. The capacity is thirty children.

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Chapter 10

DISEASES OF THE SPLEEN AND LYMPHATIC SYSTEM

I. The spleen.

A. Functions of the spleen postnatally.

1. Participation in the destruction of degenerating blood cells.
2. Formation of lymphocytes and monocytes and , in time of prolonged, excessive blood want, of erythrocytes.
3. Storage deposit for excess blood, from where it can be delivered into the circulation during periods of emergency.

B. Effects of removal.

C. Normal anatomic position.

I. General nursing care in

diseases of the glands.

Point out the importance of accurate observation of signs and symptoms.

II. Nursing principles in the care of patients with acute

lymphadenitis.

A. Relieve pain due to pressure or muscle spasm.

1. Hot fomentations.
2. Cold compresses.

B. Drug therapy.

1. Sulfonamides.

- a. Urge fluids.
- b. Record urinary output.

2. Penicillin.

- a. Aid absorption by chilling the site of injection.

D. Splenomegaly in disease.

E. Rupture of the spleen.

II. Lymphatic system.

A. Review of functions.

Diseases of the lymphatic system will be discussed following this general pattern.

1. Etiology.

2. Signs and symptoms.

3. Diagnosis.

4. Cause and prognosis.

5. Treatment.

B. Acute lymphadenitis.

C. Chronic lymphadenitis.

D. Hodgkins disease.

III. Diseases of the glands of internal secretion.

General outline to be followed in discussing the endocrine glands and the diseases affecting them is as follows:

b. Preserve penicillin.

C. Care following incision and drainage of abscess.

III. Nursing care in diabetes.

A. Review of nursing care given in the hospital.

1. Diet.

2. Insulin.

3. Accurate observation of symptoms of insulin shock and diabetic coma.

B. Nursing care in a diabetic child.

1. Make diet interesting.

a. Attractive.

b. Palatable.

c. Avoid mentioning foods not included in diet.

2. Provide entertainment.

3. Keep skin in good condition.

1. Name, description and function of the gland.
2. Malfunctions or diseases.
 - a. Etiology.
 - b. Symptoms.
 - c. Differential diagnosis.
 - d. Prognosis.
 - e. Treatment.
- A. Thyroid gland.
 1. Hypothyroidism.
 - a. Congenital.
 - b. Acquired.
 2. Hyperthyroidism.
- B. Parathyroid gland.
 1. Hypoparathyroidism.
 2. Hyperparathyroidism.
- C. Pituitary gland.
 1. Hypopituitarism.
 2. Diabetes insipidus.
- D. Thymus gland.
- E. Suprarenal glands.
 - a. Bathing.
 - b. Avoid irritation from urine.
 4. Avoid exposure to infection.
 5. Win the child's cooperation.
- C. Education of the parents and child.
 1. When to teach.
 - a. When diagnosis is made.
 - b. When diabetes is under control.
 2. Who should teach.
 3. What plan of instruction to follow.
 - a. Psychological approach.
 - b. Literature well selected.
 - c. Posters showing

F. Pancreas.

Diabetes Mellitus.

The differences between diabetes in the adult and in the child will be pointed out.

the importance of diet, exercise and insulin.

- d. Answer questions.
 - e. Provide procedure sheets for testing urine and giving insulin.
 - f. Demonstrate the testing of urine. Have return demonstration.
 - g. Demonstrate the preparation and giving of insulin. Have return demonstration.
 - h. Arrange for patient's food lesson.
 - i. Teach care of the mouth and feet.
 - j. Provide instructions concerning diabetic coma and insulin shock.
4. Preparation for discharge.
 - a. Review instructions.
 - b. Provide instruction sheets and diet card.

- c. Instructions about
return to clinic.

Clinical Teaching

- I. Teaching the child about diabetes.
 - A. General care of himself.
 - B. Give the first lesson on insulin injection.
- II. Teaching the diabetic child about his diet.
 - A. Counteracting insulin reaction.
 - B. Substituting foods.

Demonstrations

- I. Testing urine for sugar.
- II. Assisting with X-ray therapy.
- III. Hot fomentations and cold compresses.
 - A. Purpose.
 - B. Method.

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Chapter 11

DISEASES OF THE SKIN

- | | |
|--------------------------------|-------------------------------|
| I. Birthmarks. | Nursing Care in diseases of |
| A. Kinds. | the skin. |
| B. Treatment. | I. Review of anatomy and |
| II. Diseases of the skin. | physiology of the skin. |
| A. Dermatitis. | A. Anatomy, show diagram. |
| B. Sunburn. | 1. Epidermis. |
| C. Miliaria. | 2. Dermis. |
| D. Seborrhea. | 3. Appendages. |
| E. Herpes. | B. Functions. |
| F. Ferunculosis. | 1. Protection. |
| III. Insect bites. | 2. Excretion. |
| A. Spiders. | 3. Absorption. |
| B. Ticks. | II. Nursing principles in the |
| C. Bees. | care of eczema patients. |
| IV. Allergic diseases. | A. Bed rest in severe cases. |
| A. Infantile eczema. | 1. Few clothes. |
| B. Seborrheic dermatitis. | 2. Use no wool about |
| C. Erythroderma desquamativa. | child. |
| Each will be discussed using | B. Prevent rubbing and |
| the following general outline: | scratching. |

1. Etiology.
2. Symptoms.
3. Differential diagnosis.
4. Treatment.

V. Burns.

1. Restrain.
2. Clean, short fingernails and prevent secondary infection.

C. Avoid the use of soap and water bath.

D. Prevent infection, especially upper respiratory.

E. Application of ointments.

1. Rub in gently.
2. Apply ointment or lotion frequently.

F. Change position every four hours.

III. Health teaching.

A. Indications for use of various medications.

B. Application of restraints.

C. Bathing technique.

IV. Nursing care of burns.

A. Care of local area.

1. Prevention of infection.
2. Prevention of contractures.

3. Promote healing.

4. Relief of pain.

B. Systemic treatment.

1. Prevention and treatment of shock.

2. Prevention and treatment of dehydration.

3. Tissue building diet.

Clinical Teaching

I. Nursing care of eczema. Show patient if available.

A. Care of skin.

B. Keen observation and recording.

C. Preparation of bed.

D. Restraints.

II. Nursing care of post-operative skin graft.

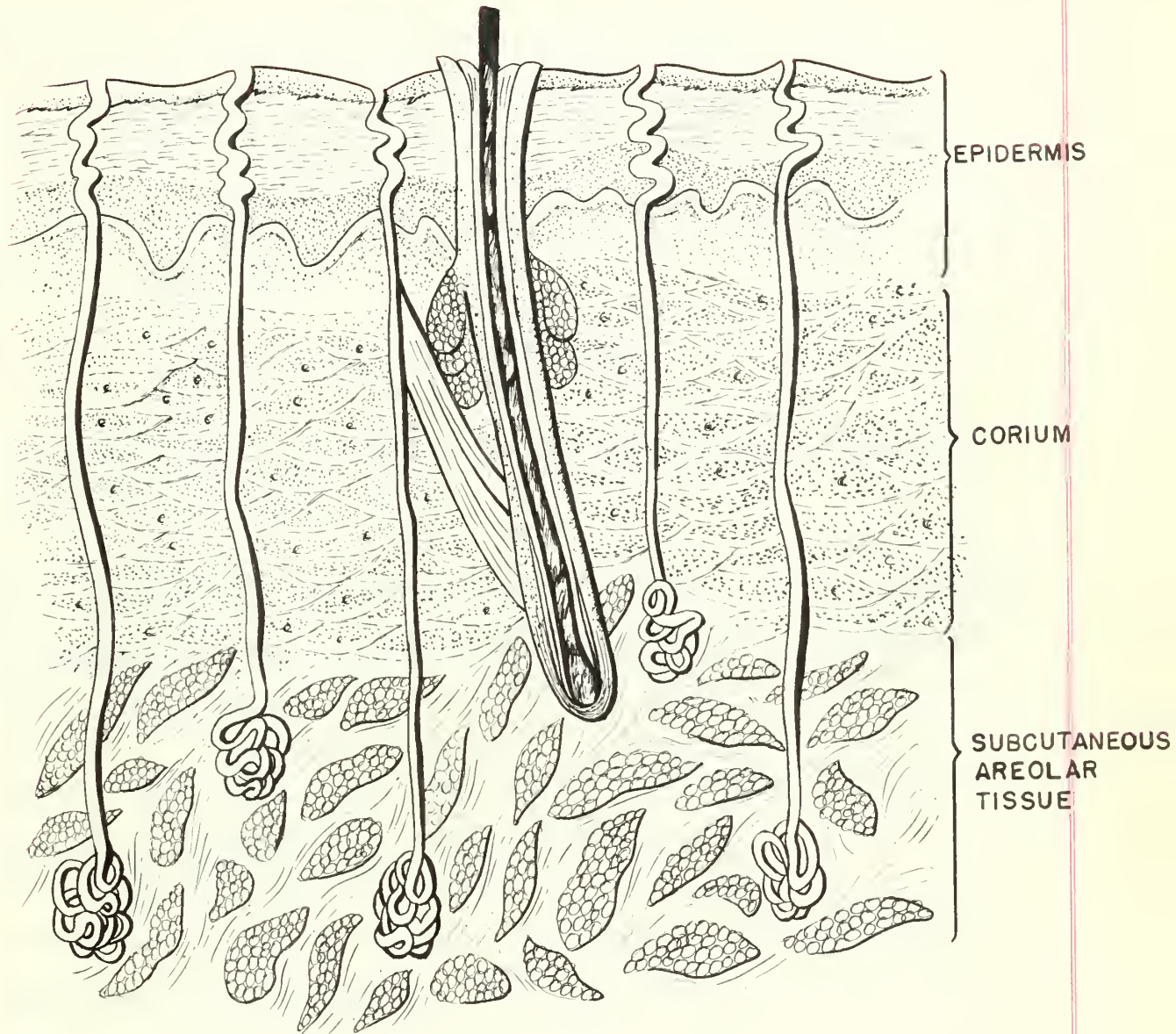
A. Keeping the graft well protected.

1. Infection.

2. Trauma.

B. Changing the dressing.

SKIN



Correlated Ward Teaching

Experience on ward 2-W with the plastic surgery cases.

I. Care of burns, new and old.

II. Hot fomentations.

Experience on ward 3-W with patients isolated for communicable diseases of the skin.

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Chapter 12

DISEASES OF THE NERVOUS SYSTEM

The following general outline will be used in discussing these diseases:

1. Etiology.
2. Pathology.
3. Signs and symptoms.
4. Diagnosis.
5. Prognosis.
6. Treatment.

I. Organic diseases.

A. Diseases of the brain and meninges.

1. Malformations.
 - a. Microcephaly.
 - b. Hydrocephalus.
 - c. Meningocele.
 - d. Toxic disorders.
2. Traumatic disturbances.
3. Cerebral paralysis.
4. Hemorrhage into the brain and meninges.

Nursing care in diseases of the nervous system.

I. General nursing measures.

- A. Alleviate symptoms.
- B. Rest affected part.
- C. Maintain good general health.
- D. Keep accurate and complete records on activity of patient.
- E. Teach parent or guardian complete care.

II. Nursing care of patient with meningocele.

- A. Prevent trauma and infection of meningocele.
 1. Careful handling.
 2. Protective dressing.
 3. Turn from side to side.
- B. Prevent decubitus.
 1. Turn frequently.

5. Encephalitis.
 6. Brain tumor.
 7. Brain abscess.
 8. Syphilis of the brain.
 9. Meningitis.
 - a. Tuberculous meningitis.
 - b. Purulent leptomeningitis.
 - c. Chronic meningitis.
- B. Diseases of the spinal cord.
1. Spina bifida.
 2. Spinal meningitis.
 3. Ataxia.
- C. Diseases of the nerves.
1. Polyneuritis.
 2. Localized neuritis.
- D. Idiocy.
1. Mongolian idiocy.
 2. Amaurotic family idiocy.
 3. Idiocy due to cranium deformity.
2. Skin care.
- C. Maintain nutrition.
- III. Nursing care of patient with cerebral palsy.
- A. Position.
1. Guard against positions that will accentuate deformity.
 2. Change position frequently.
 3. Prone-lying twice daily.
- B. Care.
1. Be sure braces or splints are not too tight.
 2. Massage skin and allow relaxation.
 3. Allow plenty of time to perform.
 4. Repeat requests in different words.
 5. Explain procedures.

II. Functional diseases.

- A. Disturbances of sleep.
- B. Disturbances of speech.
 - 1. Lispings.
 - 2. Stuttering.
 - 3. Stammering.

C. Incorrect habits.

- 1. Thumb-sucking.
- 2. Teeth-grinding.
- 3. Nail-biting.
- 4. Rhythmic repetition of certain body movements.
- 5. Pica.
- 6. Breath-holding.
- 7. Masturbation.
- 8. Tics.

D. Epilepsy.

- 1. Idiopathic epilepsy.
- 2. Minor epilepsy.
- 3. Major epilepsy.

III. Psychic disturbances in children.

A. Psychasthenia

C. Feeding.

- 1. Make comfortable.
- 2. Calm atmosphere.
- 3. Allow plenty of time.
- 4. Give a small amount of food when child is ready.

D. Toilet habits.

- 1. Comfortable position.
- 2. Security.
- 3. May need to stay near by.

E. Speech.

- 1. All workers work toward the same objective.
- 2. Speak correctly.
- 3. Talk to the child.
- 4. Allow child to talk for himself.

IV. Nursing care in meningitis.

A. Isolation of patient in communicable forms.

B. Review of anatomy and physiology involved.

B. Psychoses.

C. Hysteria.

C. Nursing care principles.

1. Maintain absolute quiet.
2. Encourage fluid intake.
 - a. Gavage if necessary.
 - b. Record intake.
3. Prevent distention with gas.
4. Check for retention of urine. Chart output.
5. Keep skin in good condition.
6. Convulsions may be expected.
 - a. Have narcotics ready.
 - b. Have chloroform ready if ordered.

V. Nursing care principles in epilepsy.

A. Prevent acute seizures.

1. Avoid factors tending to irritate the nervous system as:

- a. Toxic effect of constipation.
- b. Excessive fatigue.
- c. Mental and emotional strain.
- d. Infections.
- 2. Patient should live a strict hygienical life.
- B. Give constant supervision.
 - 1. Prevent injury during seizure.
 - 2. Keep accurate account of seizure.
- C. Prevent injury during attack.
 - 1. Loosen clothes.
 - 2. Use no mechanical restraints.
 - 3. Prevent biting of tongue.
- D. Regular administration of sedatives.
- E. Special diet.
 - 1. Content of diet.
 - 2. Physiological effects.

VI. Giving guidance to children
with undesirable habits.

A. Applying psychology.

B. Avoiding undue criticism.

C. Diversional methods.

Clinical Teaching

For doctor's and nurses' clinics select available cases from the following: malformations, infections, tumors, nerve disorders, idiocy, epilepsy, chorea and psychic disturbances. Clinics should include at least one organic and one functional disorder.

Nurses' conference outline.

1. Nursing principles of care related to the patient in the hospital.
2. Compare the physical, mental, emotional and social development with that of the normal child.
3. Adaption of nursing skills to the patient in the hospital and in the home.
4. Indications for institutional care.
5. Problems of adjustment in the school, home and family to the physically or mentally handicapped.
6. Referral to other public agencies.

Demonstrations

- I. Preparation for treatments.
 - A. Cisternal puncture.
 - B. Lumbar puncture.
 - C. Intraventricular tap.
- II. Use of the Bradford frame in spina bifida.
 - A. Preparation of the frame.
 - B. Restraining on the frame.
 - C. Special precautions.
 - 1. Need for skin care.
 - 2. Lack of attention and feeling of security.

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UNIT V

Chapter 13

CONVALESCENT CARE

- I. The Convalescent child.
 - A. Definition of convalescence.
 - B. Indications for convalescent care.
 - 1. Consider the preexisting state of health.
 - 2. A child below par physically.
 - 3. A condition in which some improvement can be expected.
 - 4. A need for mental, emotional or social adjustments.
 - C. Principles of care as given by Nelson^{1/}.
 - 1. Provision for adequate amounts of rest.
 - 2. Increasing but graded physical activity.
 - 3. Diets which take into account increased need for such essential items as protein, vitamins, and minerals.
 - 4. Play and occupational therapy.
 - 5. Provision for continuation of formal schooling by the visiting teacher in the private home and by a

^{1/} Waldo E. Nelson, Mitchell-Nelson Textbook of Pediatrics, Fourth ed. revised, W. B. Saunders Company, Philadelphia, 1945, p. 205.

resident teaching in institutions.

6. An environment which stimulates self-confidence in the child and at the same time provides an adequate sense of security.

II. Place for convalescent care.

A. The home.

1. Consider the suitability of the home.
2. Consider the degree to which the family activities can be adjusted to a convalescent regime .
3. Most suitable for short termed convalescent periods.

B. Foster home.

1. Beneficial when the child's home is inadequate.
2. Safer than large institutions for children under the age of five years.

C. Convalescent home.

1. Good for long time care.
2. Provides association with other children with the same problems.
3. Provides for children needing mental rest and psychological adjustment.

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Chapter 14

EVALUATION OF THE PROGRAM

The evaluation of the students accomplishment as evidence of the effectiveness of the teaching of these five units in pediatrics will be achieved through:

1. Comprehensive paper and pencil examination on classroom teaching.
2. Observation of nursing care given.
3. Nursing care study.
4. Anecdotal records.
5. Individual conferences.
6. Experience and procedure records.
7. Estimation of student progress through efficiency reports.

A nursing care study guide, experience and procedure record, and efficiency blanks to be used are found on the following pages.

NURSING CARE STUDY GUIDE

Patient _____	Name of Student _____
Age _____	Hospital _____
Date of admission _____	Class _____
Date of discharge _____	Service _____
Final diagnosis _____	Began study _____
	Ended study _____

Aims:

1. To develop an understanding and appreciation of the patient as a developing individual child and to gain a knowledge of his problems and outlook as a part of the family group, having a home life and having a community relationship.
2. To analyze the direct and indirect causes of the child's condition by studying the background so that intelligent, immediate and future care can be planned and taught.
3. To plan and interpret the nursing care relative to various stages of the disease; relative to the individual child and his needs; relative to the treatments and medications ordered; and to the routine care given.
4. To develop an appreciation for knowledge of the underlying principles of procedures so they may be carried out more effectively.

I. Introduction.

A brief paragraph stating the purposes of this study and the reasons for selecting this child for study.

II. Social background and present status.

- A. A description of the child including age, sex, nationality, and religion.
- B. Discussion of the members of the family, their occupations, education and their attitudes toward the child and his illness.
- C. Physical environment of the home relative to location, sanitation, size, recreational facilities and economic status.

III. Personal history and development.

- A. Discussion of physical, mental and emotional development of the child and a comparison with the average, healthy child of his age.
- B. Discussion of the child's personality in relation to hospitalization, other children on the ward, doctors, nurses, and any others whom he has contacted.
- C. Discussion of the child's behavior, behavior problems, their treatment and recommendations for correction.

IV. Medical and health background.

- A. Detailed report of the health and medical factors which have a direct relation to his present condition.

B. Discussion of the period of time and treatment since the onset of the disease.

C. Preventive measures observed and those which might have been practiced.

V. Present illness.

A. Analysis of signs and symptoms observed and actual examination and laboratory findings.

B. State the deviations from the usual clinical picture of this disease.

C. Description of your impressions and contact with the child during the period of establishing a diagnosis and the progress made after treatment was instituted stating the prognosis for the child.

VI. Medications, Treatments including diet, operations and special therapy	Purpose	Nurses responsibility in carrying out treatment	Interpretation of results

VII. Nursing care.

- A. Give detailed description of the basic, symptomatic, and specific nursing care administered to this child. How were nursing procedures adapted to fit the individual needs of the child? Explain the underlying principles of each procedure, medication and treatment.
- B. Discuss the reaction of the child to hospital life. If possible account for this action by studying home training, education, individual personality and contacts with hospital personnel.

VIII. Health teaching.

- A. What health teaching was done during hospitalization?
- B. What instructions are recommended for the child and family concerning home care?

IX. Recommended care on discharge from hospital.

- A. Discussion of special instructions given at the time of discharge such as: diet, activity, medications, care of appliances, or special therapy.
- B. Explanation of instructions given regarding future medical care.

X. Conclusion.

- A. Brief summary of student's outstanding observation.
- B. Specific items learned by making this study.

XI. Sources of information.

XII. Bibliography.

INSTRUCTIONS REGARDING EXPERIENCE RECORDS

Purpose. To keep a record of the variety and amount of clinical experience that each student receives and to serve as a guide for the head nurse in making case assignments.

Instructions to students. Each student will have a folder containing the record sheets. These records will be consulted frequently to determine the experience and instruction needed by the individual student.

A. Records must be kept in the department to which the student is assigned.

B. Nursing procedure experience record must be kept up to date.

1. Place a light pencil check in the right hand column indicated when you have been taught, supervised, or have practiced a procedure.

2. The instructor, head nurse or supervisor who taught or supervised the procedure will place her initials in ink over the check.

C. Clinical experience sheet must be kept up to date.

1. Record data in ink daily.

2. Place the date (month and day) and the initials of the patient's last name in the space after the diagnosis.

3. If a patient has more than one diagnosis record the one which predominates clinically.

4. Record care given to patients who are assigned for at least three hours.
5. The night supervisor will designate which experiences are to be recorded.
6. Use blank spaces for diagnoses not printed.

D. Record of organized ward teaching is to be filled in at the time of the conference.

1. The student will fill in the date, service, subject, time in minutes and check the column or columns which classify the discussion.
2. The instructor responsible for the period will sign her initials and fill in the anecdotal record as circumstances warrant.

E. Records are to be left in the nursing school office when the student leaves the school for any reason.

[illegible]

PEDIATRIC NURSING PROCEDURES (CONT.)

[illegible]

PEDIATRIC NURSING PROCEDURES (CONT.)

[illegible]

THE OKLAHOMA UNIVERSITY HOSPITAL SCHOOL OF NURSING

PEDIATRIC CLINICAL EXPERIENCE SHEET

Name _____

School of Nursing

Entrance Date

Class

Condition	Date of Care
Adjustment of child to new environment	
Behavior disorders, management	
Enuresis	
Masturbation	
Negativism	
Nail biting	
Pica	
Rumination	
Temper tantrum	
Thumb sucking	
Circulatory system	
Blood dyscrasia (specify type)	
Anemia	
Hemophilia	
Leukemia	
Purpura	
Heart disease	
Congenital	
Acquired	
Rheumatic	
Diseases of the body as a whole	
Allergy	
Poisoning (specify type)	
Lead	
Endocrine system	
Diabetes mellitus	
Eye and ear	
Ophthalmia neonatorum	
Otitis media	

PEDIATRIC CLINICAL EXPERIENCE SHEET (CONT.)

Condition	Date of Care
Mastoiditis	
Postoperative care, mastoidectomy	
Gastro-intestinal system	
Appendicitis	
Diarrhea	
Celiac disease	
Congenital anomalies (specify)	
Absence of bile duct	
Esophageal atresia	
Inperforated anus	
Dental caries	
Dysentery	
Hernia, diaphragmatic	
inguinal	
umbilical	
Intestinal obstruction	
Intussusception	
Parasitic infections (specify type)	
Peritonitis	
Pyloric stenosis	
Postoperative care	
Appendectomy	
Cheiloplasty	
Gastroctomy	
Herniorrhaphy	
Splenectomy	
Staphylorrhaphy	
Genito-urinary system	
Congenital anomalies (specify type)	
Hydrocele	
Nephritis	
Nephrosis	
Pyelitis	
Pyelonephritis	
Undescended testicle	
Postoperative care	
Nephrectomy	
Ureteral transplant	

PEDIATRIC CLINICAL EXPERIENCE SHEET (CONT.)

Condition	Date of Care
Infectious diseases	
Diphtheria	
Gonorrhea	
Influenza	
Mumps	
Pertussis	
Rubella	
Rubeola	
Scarlet fever	
Septicemia	
Syphilis	
Tetanus	
Tuberculosis	
Typhoid	
Varicella	
Integumentary system	
Burns (specify area)	
Cellulitis	
Eczema, infantile	
Impetigo, contagiosa	
Omphalitis	
Pediculosis	
Scabies	
Postoperative care	
Skin graft (area and type)	
Mental preparation of child toward	
Operation	
Test	
Treatment	
Musculo-skeletal system	
Arthritis	
Brachial palsy	
Bursitis	
Coxa plana	
Deformities, congenital	
Cleft palate	
Cleft lip	
Club foot	
Dislocation of hip	
Scoliosis	
Sprengel's	

PEDIATRIC CLINICAL EXPERIENCE SHEET (CONT.)

Condition	Date of Care
Deformities, acquired	
Arthritis	
Chronic poliomyelitis	
Rickets	
Spastic paralysis	
Injuries	
Fractures (specify bone)	
Clavicle	
Femur	
Upper extremity	
Other types	
Obstetrical paralysis (Erb's)	
Osteomyelitis (specify bone)	
Septic joint	
Torticollis	
Tuberculosis, hip	
knee	
spine	
Tumors (specify type)	
Postoperative care	
Spinal fusion	
Nervous system	
Birth injury (specify type)	
Cerebral palsy	
Chorea	
Concussion of brain	
Convulsive disorders	
Neuromuscular diseases	
Encephalitis	
Epilepsy	
Hydrocephalus	
Meningitis (specify organism)	

PEDIATRIC CLINICAL EXPERIENCE SHEET (CONT.)

Condition	Date of Care
Poliomyelitis, acute	
convalescent	
Skull fracture	
Spina bifida occulta with	
meningocele	
Subdural hematoma	
Tumor, brain	
spinal cord	
Postoperative care	
Bone flap	
Burr hole	
Cerebellar exploration	
Decompression	
Encephalogram	
Laminectomy	
Nutritional disturbances	
acute	
chronic	
Obesity	
Vitamin deficiency	
Rickets	
Scurvy	
Psychobiological	
Mental deficiency	
Mongolism	
Respiratory system	
Adenoids, hypertrophied	
Asthma	
Atelectasis	
Bronchiectasis	
Bronchitis	
Coryza	
Empyema	
Foreign body (specify type and object)	
Lung abscess	
Pharyngitis	
Pneumonia (specify type)	
Retropharyngeal abscess	
Sinusitis	
Tonsils, hypertrophied	

PEDIATRIC CLINICAL EXPERIENCE SHEET (CONT.)

[illegible]

RECORD OF ORGANIZED WARD TEACHING

Name _____

School of Nursing _____

Date	Service	Subject	D	T	N.C.	Dem.	C	Min.	Instructor

Key:

D - Disease

T - Treatment

N.C. - Nursing Care

Dem. - Demonstration

C - Conference

Anecdotal Record of Participation in Ward Instruction

Date	Remarks	Instructor

Progress Report of Nursing Ability and Personality Development

School of Nursing University of Oklahoma School of Nursing

Service Obstetric

Name Brown
Last Name

Mary
First Name

Jane
Middle Name

Class 1945

Nursing Practice Grade _____

After a careful study of the student's anecdotal records, indicate for each of the abilities and behavior traits listed by encircling the proper terms in the scales at the right your appraisal of (1) her present status in relation to her year-group and (2) her progress in relation to herself during the period with which this report is concerned. Select for each ability or trait the anecdotes which best illustrate the student's behavior and record them to support your ratings.

Abilities and Behavior Traits	Illustrations of Typical Behavior	Status in Relation to Her Group	Progress in Relation to Herself
She is technically competent Resourceful, orderly, economical, accurate, skilled, applies principles underlying technics. Organizes work well and adapts procedures to patients' needs. Teaches effectively.	In improvising equipment ties teakettle handle to table to prevent tipping in order to safe guard patient from possible burns while giving inhalations. Taught mother to bathe baby with equipment suitable for home use. Demonstrated the procedure and explained it in simple language.	Highest Above Av. <u>Average</u> Below Av. Lowest	Outstanding Considerable <u>Normal</u> Limited No Evidence
She is emotionally mature Well poised, self-controlled, sensitive to reactions of others, inspires confidence. Emotionally independent and stable, sincere, open-minded.	Maintained good self control while giving nursing care to a patient with unexpected eclamptic seizure. Screened a patient who had just received word of her brother's sudden death.	Highest Above Av. <u>Average</u> Below Av. Lowest	Outstanding <u>Considerable</u> Normal Limited No Evidence
She is personally reliable Dependable, thorough, conscientious, punctual. Assumes responsibility for own conduct, work, and learning.	Left consistently satisfactory memoranda of her patients care for relief nurse. Did not read as requested, pamphlet on new drug ordered for her patient. Contributed very little to ward conferences. Reported on ward late twice in one week.	Highest Above Av. Average <u>Below Av.</u> Lowest	Outstanding Considerable Normal <u>Limited</u> No Evidence
She is socially competent Adjusts well to patients and co-workers, is tactful, loyal, co-operative. Has good sense of esthetic values, broad interests, pleasing manner.	Explained Catheterization procedure to her patient before starting the treatment. Commended patient for her fine cooperation in receiving treatment. Patients remark about pleasing and kindly manner of this student. Voluntarily shared in extra work due to illness and absence of another student.	Highest <u>Above Av.</u> Average Below Av. Lowest	Outstanding Considerable <u>Normal</u> Limited No Evidence

Remarks by Head Nurse:

Miss Brown is wholesome in appearance. She showed a quiet enthusiasm about her work that attracted her patients. She was well liked by her co-workers. Two characteristics which need strengthening are (1) greater pride in her appearance and (2) more responsibility for her own learning. Tends to be casual in using available resources for learning. Participated rarely in discussion at clinical teaching classes.

Remarks by Supervisor:

This student shows some progress but is still not maintaining the level of work of which I believe she is capable. Further assignment should be directed toward learning to assume more responsibility for participating in the clinical instruction program. Miss Brown gives promise of being a good obstetric nurse, and her expressed interest in this field should be encouraged.

Signature, Head Nurse

Signature, Supervisor

Comment on conference with student concerning this report:

Date of conference

Miss Brown said she knew she had been careless at times in her grooming, but she was trying to improve. She was also aware that she had not accomplished her assigned readings. She said she had intended to read her assignments but had postponed them too long. The favorable comments on her report seemed to give her much satisfaction.

Name of Student	Brown	Mary	Jane
	Last Name	First Name	Middle Name

Class of 1945

Assignment (Inclusive dates) From Sept. 29, 1944 To Jan. 3 1945
Month Day Year Month Day Year

Service

Ward Unit

Ward _____ Semiprivate _____ Private _____

Men_____Women_____Children_____

On Service	Total	Inclusive Dates
Days		
Nights		
Ill or absent		
Total		

For all services except those listed on this sheet

Obstetric Service

Ward Unit

Ward _____ Semiprivate _____ Private _____

Service Subdivision	Days		Nights		Total Days and Nights
	Total	Inclusive Dates	Total	Inclusive Dates	
Mothers	43	Sept. 29-Oct. 27 Dec. 21-Jan. 3	(21)	Nov. 30-Dec. 20	64
Labor and Delivery	12	Oct. 28-Nov. 8			12
Nursery	21	Nov. 9-Nov. 29			21
Ill or absent	0				0
Total	76		21		97

Number of deliveries: Observed 5; Circulated for 8; Scrubbed for 15.

Pediatric Service

_Ward Unit

Ward_____Semiprivate_____Private_____

Service Subdivision	Days		Nights		Total Days and Nights
	Total	Inclusive Dates	Total	Inclusive Dates	
Medical: Infants					
Other children					
Surgical: Infants					
Other children					
Formula laboratory					
Ill or absent					
Total					

Grading System: A = Highest group C = Average group
B = Above-average group D = Below-average group
E = Lowest group

Inc. = Incomplete
Failure

Operating Room

Operations	Circulated for	Scrubbed for
Major		
Minor		

Days ill or absent_____

Outpatient Department

[illegible]

Diet Therapy Practice

Metabolic Diet	Number Calculated
Diabetic	
Nephritic	
Sippy	
Cardiac	
Others typical to institution	
Total	

Days ill or absent_____

Progress Report of Nursing Ability and Personality Development

Name _____ Service _____
Last Name First Name Middle Name
 Nursing Practice Grade _____

After a careful study of the student's anecdotal records, indicate for each of the abilities and behavior traits listed by encircling the proper terms in the scales at the right your appraisal of (1) her present status in relation to her year-group and (2) her progress in relation to herself during the period with which this report is concerned. Select for each ability or trait the anecdotes which best illustrate the student's behavior and record them to support your ratings.

Abilities and Behavior Traits	Illustrations of Typical Behavior	Status in Relation to Her Group	Progress in Relation to Herself
She is technically competent Resourceful, orderly, economical, accurate, skilled, applies principles underlying technics. Organizes work well and adapts procedures to patients' needs. Teaches effectively.		Highest Above Av. Average Below Av. Lowest	Outstanding Considerable Normal Limited No Evidence
She is emotionally mature Well poised, self-controlled, sensitive to reactions of others, inspires confidence. Emotionally independent and stable, sincere, open-minded.		Highest Above Av. Average Below Av. Lowest	Outstanding Considerable Normal Limited No Evidence
She is personally reliable Dependable, thorough, conscientious, punctual. Assumes responsibility for own conduct, work, and learning.		Highest Above Av. Average Below Av. Lowest	Outstanding Considerable Normal Limited No Evidence
She is socially competent Adjusts well to patients and co-workers, is tactful, loyal, co-operative. Has good sense of esthetic values, broad interests, pleasing manner.		Highest Above Av. Average Below Av. Lowest	Outstanding Considerable Normal Limited No Evidence

Summarizing Remarks:

Date _____
Month Day Year

Director, School of Nursing _____

Nursing

Name _____ Affiliation: Begun _____ Completed _____

Last Name First Name Middle Name Month Day Year Month Day Year

Institution _____ City _____ State _____

Classes and Practice

[illegible]

Enter days and nights on separate lines

Summary of Time

Nursing practice days	
Nursing practice nights	
Days ill	
Other days absent	
Total	

Grading System: A = Highest group C = Average group
 B = Above-average group D = Below-average group
 E = Lowest group
Inc. = Incomplete
Failure

Director, School of Nursing _____

Date _____
Month Day Year

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